REPORT

NURSING EDUCATION SURVEY COMMITTEE

PROVINCE OF ALBERTA

1961-1963


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GOVERNMENT OF ALBERTA

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DEPARTMENT OF HEALTH

HONORABLE DR. J. D. ROSS

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PREFACE

If only because of the fact that this Report is the distillation of a painstaking appraisal by professional and experienced medical people of our nursing services, clearly outlining increasingly significant defects and their remedy, it is worthy of the earnest study of everyone associated with the care of the sick.

It has come about because of the concern experienced during a two-day conference called by me to consider the problems of nursing services in our hospitals at which members of all disciplines involved in this area were present to participate in the discussions. We were fortunate in being able to secure Dr. Earle P. Scarlett of Calgary to act as the chairman and I appreciate the intense care put into the study by all members of the committee.

The material contained in this report, and the manner in which it is expressed, beg the attention of everyone, especially that of young people in search of a worthy profession or vocation, as well as those responsible for their direction and education. There is no more rewarding experience than to spend even a portion of one's life in the voluntary study and service of the sick. The nursing profession, traditionally dedicated to these ideals, has few equals in this regard.

This study was conducted in Alberta and the recommendations are detailed and specific to this Province, but no doubt the problems and their solutions in other provinces might well be similar. One cannot avoid the discomforting realization that the erection of fine new modern hospitals is not, when this is closely examined, the end of the responsibility which every citizen is required to assume. We must see to it that effective encouragement is given, particularly to young people, to attract the trained personnel to staff the health services.

The observations and recommendations submitted by the writers give to doctors, nurses, administrators and educators, as well as to government, a clear description, from an unbiased point of view, of how the various segments of our society can

best contribute to the easing of the present shortage of nurses, while at the same time ensuring the intelligent management of the future needs.

I consider it an honour to be able to present this work in the Nursing Education field to the public and take this opportunity of expressing my gratitude to the Committee for the contribution made to so important a field in the health orbit.

MINISTER OF HEALTH

J. Donovan Ross, B.A., M.D.

To:

The Honorable J. Donovan Ross,
Minister of Health,
Province of Alberta,
Edmonton, Alberta.

We, the Members, appointed as a Committee in accordance with the terms of an Order in Council dated 26th October, 1961, to make a study of all aspects of nursing education and the associated problems of recruitment, and the provision of sufficient numbers of nursing personnel for adequate nursing care in the Province of Alberta: beg to submit the following report.

Margaret M. Campbell

Ida Johnson

L. R. Adshead

E. Mather

Earle P. Scarlett, Chairman

May 17th, 1963.

THE NURSE

'. . . and the elements so mixed . . .'

as Practitioner:

"No man, not even a doctor, ever gives any definition of what a nurse should be than this—'devoted and obedient'. This definition would do just as well for a porter. It might even do for a horse. It would not do for a policeman."

—Florence Nightingale

as Administrator:

'I will go before thee, and make the crooked places straight; I will break in pieces the gates of brass, and cut in sunder the bars of iron.'

—Isaiah, Chapt. 45, Verse 2

The watchword of Mary Agnes Snively, Superintendent of Nurses at the Toronto General Hospital, 1884-1910, one of the founders of Canadian nursing. A most appropriate motto, not without its overtones of grim humour, for one whose business it was to wrestle with stiff-necked social and medical conservatism and the heartbreaks of hospital administration.

as Teacher:

". . . That you may be granted the wisdom to comprehend and the courage to endure the business of life."

—Josiah Royce

as Woman:

'A quiet woman
Is a still water under a great bridge.'

—John Webster

SECTION I

INTRODUCTORY

CHAPTER 1

THE PURPOSE OF THE COMMITTEE

The Genesis

The rapid and continuing developments in health care have made imperative a survey of the field of nursing which occupies such a vital place in the health services of the nation. Any proposals for medical care in the Province of Alberta must take into consideration both the quality and quantity of nursing care available because the effectiveness of such medical care will be conditioned by the nursing organization involved.

With this recognition in mind the Minister of Health convened a conference on April 13-14, 1961, and again on June 20th, 1961, to discuss the situation. Among other recommendations there was one which read as follows:

'That a small committee be appointed to bring to the proper authorities recommendations relating to the present training programme for nurses and/or the development of new programmes in the Province directed towards increasing the supply of nurses and the maintenance of standards.' Accordingly the Nursing Education Survey Committee was constituted and held its first meeting on October 20th, 1961.

Subsequently the Order-in-Council (1646-61) dated October 26th, 1961, authorizing the Committee, read in part as follows:

'Whereas due to the continuing expansion of hospital services in Alberta it is necessary to study the education and recruitment of members of the nursing team in Alberta Hospitals; and

'Whereas it is deemed necessary and in the public interest that a study be made of all aspects of nursing education and the associated problems of recruitment and the provision of sufficient numbers of nursing personnel for the satisfactory operation of the Alberta Hospitalization Plan.'

The Objectives

In the light of these directives, the aims of this study may be indicated as follows:

An appraisal of the Province of Alberta's nursing personnel and organization in terms of present resources and future requirements.

A. To determine the capacity of the present facilities for preparing the nursing team* and how these facilities may be organized and expanded to furnish the personnel necessary to staff the increase in hospital accommodation and other medical services in the next seven years.

B. To formulate methods of conserving and making effective the most highly skilled nursing personnel.

C. To suggest ways and means for the better utilization of the existing nursing team.

D. To advise on the expansion and more efficient utilization of the auxiliary nursing personnel.

E. To maintain and develop standards of training and education of all branches of the nursing order in these circumstances.

It is realized that at the present time other studies are being carried on in this field, such as those under the direction of the Canadian Nurses' Association and the Royal Commission on Health Services. The findings from such studies will supplement and amplify this present survey *which is concerned with the situation in the Province of Alberta.*

It should also be pointed out that while recruitment of nurses is an essential consideration under review, it is by no means the most important and is secondary to the paramount questions of the type and location of educational facilities and the efficient organization of nursing care—in short, the provision of more adequate nursing service.

The Committee realizes that the search for coherence, unity and efficiency in the field of nursing is complicated by problems outside the immediate sphere of nursing, but this only serves to underline the necessity for searching examination and the recommendation of measures that are practicable and meet present needs and future developments.

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*The term 'nursing team' indicates the following personnel engaged in nursing care in hospitals: graduate nurses, student nurses, certified nursing aides, student nursing aides, ward clerks, ward aides, nursing orderlies.

Contemporary problems of nursing can only be understood against the background of the historical development of nursing education and service. Furthermore, any discussion of the current conditions of nursing must rest upon a clear definition of what constitutes the role of nursing and how it is organized in our society at the present time. Only from such a point of vantage can we hope to keep a sense of direction and balance in considering the many complex features of a professional field which is in such a rapid process of evolution and which at the same time is conditioned by its ties with the hospital world, the world of medicine and the social welfare developments of our time.

Such a background is provided in the Chapters which follow in which are discussed in brief form:

The General Background of Nursing

The Changing Face of Nursing

The Nursing Personnel or "The Nursing Team."

CHAPTER 2

THE GENERAL BACKGROUND OF NURSING

The lack of well-trained nursing personnel and an imbalance in nursing organization are features which are world wide. Provision of adequate and efficient nursing personnel is not keeping pace with advances and changes in medicine and public health. The increase in demand is being accelerated by further economic development, industrial expansion and social changes in all parts of the world.

In Canada medical and social forces are causing grave pressures on the traditional nursing organization and on the schools of nursing. Population increase, public health activities, social welfare programmes, rehabilitation schemes, "chronic" hospitals (termed in Alberta "auxiliary" hospitals) and specialization are producing insufficient nursing service for general nursing, psychiatric hopsitals, home nursing and the public health services, and creating a shortage of qualified teachers and of nursing supervisory and administrative personnel.

The situation is further aggravated by the increasing trend in social medicine toward utilizing the hospital as the major health centre of the community, a trend that seems bound to increase due to further urbanization, industrialization, conditions of modern housing, the pattern of family living and the emphasis on health insurance and health care. There is also keener competition for the services of intelligent young women in a variety of occupations.

In addition to these pressures resulting from the expanding health services and the changing social patterns of society, other factors that have complicated the nursing scene are:

1. The introduction of the straight 8-hour shift and three shifts per day for a total 40-hour week among nursing services as opposed to the former custom of nurses working in hospitals for a 12-hour day with split shifts and for a longer total week.

2. The gradual reduction in nursing service provided by student nurses.

3. The increased content of nursing growing out of the introduction of complex medical and surgical procedures and the use of more specific drug agents in modern therapy. This has resulted in nurses extending their activities to include such procedures as the taking of blood pressure, giving intramuscular injections, being responsible for intra-venous therapy and supervising the course of measures used in the treatment of acutely ill patients.

This whole set of circumstances has made essential the re-definition of the function of nursing and the function of the graduate nurse in the so-called "nursing team."

The Situation in the United States

The growing needs for nursing services, the magnitude of the problems involved, the necessity for national planning and for the expanding programmes involved, may be illustrated by referring to the current nursing scene in the United States. That country has always shown a sensitive awareness of the demands of nursing care and has had the good fortune to enlist the assistance of Public Health agencies, Foundations and other organizations in formulating and implementing plans to achieve the end of adequate and high quality nursing care.

Because circumstances in Canada are in the main parallel, it will provide a further sense of perspective to note certain recent developments in the nursing world of the United States. The broad features which are stressed and the measures which are advocated are applicable to Canadian nursing.

The Report of the Surgeon General's 24-member Consultant Group on Nursing was released on February 24th, 1963, by the Public Health Service, United States Department of Health, Education and Welfare. The Report, among other things, notes:

> "The solution of the nursing problem is a complex matter; it requires a multipronged attack with adequate resources to do the job. A timid, piece-meal approach is doomed to failure. The recommendations of the Consultant Group call for a broad and integrated attack on the many problems in the nursing field."

The Report calls for an estimated 680,000 professional nurses in practice by 1970 including 120,000 with academic degrees

(20 per cent). This is an increase of 130,000 over the present nurse supply (an increase of 25 per cent). Needs for licensed practical nurses are estimated at 350,000 by 1970, up more than 50 per cent over the current level of 225,000. Also needed, according to the Report, would be 3,000 nurses with Master's or higher degrees, a 194 per cent increase over the comparable number of graduates in 1961, and 5,000 post-R.N. baccalaureate graduates, about a 100 per cent increase over the 1961 total of 2,456.

The Report makes twenty separate recommendations including: new programmes of governmental aid for stimulation of nurse recruitment, assistance to nursing schools for construction of educational facilities and for improved nursing education programmes, loans and scholarships for nursing students, programmes of assistance for advanced training of nurses in leadership positions, financing of nursing research and fellowships.

Specific recommendations of special interest are:

(a) Funds to be made available to schools of professional nursing and of practical nursing approved by agencies designated by the Public Health Service, to enable them to offer low-cost loans, cancelable in part by a specified number of years of full-time employment in nursing, to eligible or enrolled students who show reasonable promise of success in nursing and who can provide evidence of financial need.

(b) Assistance to professional nurses for advanced training in supervisory and clinical fields.

(c) Assistance to hospitals and health agencies to improve the training and utilization of members of the nursing team and to strengthen in-service education.

Another development on the American scene, supplementing the above, is the announcement on February 26th, 1963, of the appointment of an 11-member Committee under the joint auspices of the National League for Nursing and the Public Health Service to develop guide-lines for constructing new nursing schools throughout the nation as well as additions to existing schools. This Committee is charged with developing a guide to be used by universities, hospitals, communities and regional hospital planning groups in planning for additional nursing training facilities.

We instance these matters receiving attention in the United States at the present time to suggest the dynamic approach that is needed in dealing with nursing problems in Canada and to emphasize the current nursing requirements of the nation.

Is There a Shortage of Nurses?

The current cry — shortage of nurses — requires careful scrutiny. In any assessment of the problem certain facts must be borne in mind:

(a) Canada has at the present time one of the highest ratios of nurses to population in the world. According to the Canadian Nurses' Association, in 1958 there was one graduate nurse to 275 of the population in Canada; in Alberta the figure was one to 322; in the United States, one to 373. In 1961 the ratio for Canada was one to 259; for Alberta, one to 285.

(b) It seems unlikely that we can in the future materially increase the ratio of graduate nurses.

(c) We should clearly avoid the error of confusing the expanding needs of nursing services in the next seven years with the more restricted and immediate idea of "shortage." The emphasis should be on the needs which will develop in the future rather than on the more limiting idea of "shortage."

It is conceivable, therefore, that the shortage complained of is a shortage of "nursing" rather than of "nurses." If such is the case, it follows that simply adding more people and graduate nurses to the establishment and setting up more schools of nursing will not solve the problem unless there is at the same time a better utilization of existing personnel.

The so-called "shortage," therefore, may be due to:

(a) a shortage of adequately prepared nurses for advanced positions, and

(b) a failure to organize our graduate and auxiliary personnel efficiently.

The Committee, after surveying the scene and considering the representations which have been made to it, is inclined to

suggest that the remedies for the "shortage" may conceivably lie in:

1. improving the quality of nurses,
2. providing more trained supervisory personnel through post-basic programmes,
3. securing a better organization of nursing deployment and administration,
4. paying more attention to staffing patterns by which there will be a better alignment of nursing duties between graduate nursing personnel and the auxiliary members of the nursing team, thus producing a better utilization of the nursing force.

This question of the shortage of nurses will be discussed further in Chapter 6 and Chapter 24, and specific measures suggested in this regard.

The Situation in Alberta

What applies to nursing on the national scene is also apparent in Alberta. It is recognized as well that in this province the degree and quality of nursing care varies from one hospital to another. In particular the situation will have to be dealt with in which the large metropolitan hospitals are working beyond capacity while small community hospitals are partly idle, have an obsolete physical plant, or are staffed by inadequately trained supervisory personnel.

With the number of auxiliary hospitals coming into operation in Alberta in which the emphasis is placed on rehabilitation, there is the further necessity of securing the proper nursing-team staffing pattern in such institutions, and at the same time ensuring that such personnel are adequately prepared in this type of nursing.

It is against this background and in the light of these circumstances that an assessment of nursing care and recruitment must be made. That assessment must at the same time take into account the co-operative link with all the other agencies concerned—the hospitals, the universities, the governmental health divisions, the welfare agencies, the voluntary health organizations—as well as the welfare measures presently in

operation. It must also have in mind the rapidly rising cost of health services, the increase in employee-patient ratio in Canadian hospitals, the continuing expansion of the health services.

The nursing service is only one part of the total health organization and cannot be considered apart from that context.

CHAPTER 3

THE CHANGING FACE OF NURSING

In order to gain further perspective in the consideration of the problems of contemporary nursing, there follows a brief discussion of the changing face of nursing, a subject which was touched on broadly in Chapter 2.

Nursing is often thought of and called in a condescending way an ancillary to Medicine. This is grossly incorrect. Nursing is a vital and intrinsic part of Medicine. With the full emergence of the nursing profession in recent years, nursing has taken its place in the social order as an essential part of the science and the art of healing, entitled to the same public recognition in terms of personnel and finance as the other branches of Medicine. The effectiveness of all echelons of Medicine—physicians, surgeons, public health officers and all other professional medical personnel, is dependent upon an adequate number of trained nurses.

What we call modern nursing came into being in the second half of the 19th century. With the rapid development of medical practice and hospital service, schools of nursing were set up under hospital authority, in reality an apprenticeship system of a sort, the students providing one of the sources of nursing labour.

Later, to broaden the basis of the nursing area, university schools were established, offering education in specialties and providing advanced courses. A move was also made toward setting up nursing schools independent of hospital authority which has so far made little headway.

A more recent development in Canada has been the establishment of two two-year diploma courses, in each instance heavily subsidized. A modification of this programme is a course of two years with an additional year of compulsory interneship, an innovation that appears to be working very well.

At the same time there has occurred a partitioning of nursing practice into degree nurses (graduates of the university course) and diploma nurses (from the hospital schools), trained

auxiliary workers such as certified nursing aides, ward aides and practical nurses.

Nursing a Profession

In the course of discussions it has been suggested to the Committee that because the courses offered by the schools of nursing are in many instances lacking in pre-clinical content of an adequate level and lack the proper instruction in the humanities and the social sciences, graduates of such a programme can in no sense be regarded as being members of a profession. To attain professional standing, it is argued, they must have contact with the University in some form.

This seems to us a most unfortunate attitude, and in the last analysis downgrades nursing—something which was not at all in the minds of those who raised the issue.

Such an opinion rests on an inadequate idea of the nature of a profession. A profession is a group in society whose members possess specialized knowledge, who are trained to carry responsibility and discharge certain duties, the quality of whose work is designed to enforce certain standards both for better service of the public and the welfare of its members, and who establish rules and standards of performance and conduct. In the light of all these circumstances society ultimately accords such a group legal recognition.

To reserve the term "professional" for those who have acquired their training at the university, the product of a university school of nursing, is to divide nurses into two classes and to create an unhappy gulf between the graduate of a university school and the graduate of a hospital school; it creates a sort of false social prestige from the university school connection which leads to confusion and an unfortunate class distinction. It strikes at the unity of nursing. In a consideration of this matter it must not be forgotten that nursing is the essential thing and that, as has been said, "Each type of sound nursing education confers an honorable enough status to satisfy this profession and enable it to keep all well-qualified nurses in one closely-knit body while their most urgent educational problems are being dealt with."

Nursing has gained its present position and its social esteem as a profession not necessarily because of its university connection

but because it has done a superlative job in its sphere of work. As a profession, nursing, like medicine, is an art, and as an art its force depends on the efficiency and on the moral force of the individual nurse whatever her place in the nursing team. That force derives from the individual—her skill and conscientious attitude to duty—and from the tradition of nursing. In that sense nursing is a way of life and develops stature as a profession through discharging responsibility creditably, through exemplifying the ideals of nursing—and not basically through any institutional connection.

Nursing can at this stage stand on its own feet and merge professional distinctions in a sense of cooperation and the aim of achieving a common goal. Surely the "nursing profession" embraces all graduates of approved schools.

In thus defining the nursing profession and its relation to the university there is no thought of denigrating the place of the university. The university is one of the fountain-heads of civilization. It is the nursery of freedom of thought and intellectual adventure. In the realm of ideas and the maintenance of standards and moral values it occupies a unique position. It affords an appreciation of the traditions of learning and of the professions.

And so the university, as we have pointed out elsewhere in this Report, has an important part to play in nursing education in Alberta—a role that is bound to expand. At the moment this role in Alberta involves the supervision and direction of the schools of nursing and the provision of degree and post-graduate courses to those in nursing ranks of high calibre who wish to go on to obtain special qualifications.

But to suggest that nursing is not a profession because all qualified nurses are not prepared in university schools is defeatist thinking. To postulate, further, that all the thousands of nurses needed in this country should be prepared in university schools or in independent schools under direct university management is unrealistic, uneconomic, an invitation to chaos, and would result in a fatal drop in nursing numbers.

It is imperative, therefore, that at the present time nursing continue to be accorded the right of being called a profession and thus understood, to work out its destiny both within and without the area of the university.

The Response to the Challenge of Change

The role and functions of nursing as a profession have had to undergo reassessment and re-alignment in the light of the changes which we have enumerated at the beginning of this chapter. For some of the present problems in nursing are due to the fact that the professional nurse is obliged to assume an increasing number of duties which in many instances has reached the point where she in turn must delegate many of these duties to other members of the nursing team. Sometimes this responsibility is disproportionate to the professional nurse's training and her role in the medical order.

It is to the credit of all concerned that these problems have been vigorously attacked. This is probably best exemplified in the *Pilot Project for Evaluation of Schools of Nursing* carried out under the aegis of the Canadian Nurses' Association, the findings of which were incorporated in a Report in 1960 by the Director, Miss Helen K. Mussallem (*Spotlight on Nursing Education*). This is an epoch-making document in the history of Canadian nursing and has resulted in the very comprehensive *School Improvement Programme* which is presently being carried out by the Canadian Nurses' Association.

At the same time the hospital schools of nursing are improving their conditions and curriculum of preparation, efforts are being made to secure better balance in the nursing team and to formulate a new delineation of the educational requirements and the technical preparation of each member of the team. In each province nursing organizations are studying the situation and making suggestions for changes within their territory. In such a variety of counsels, some noteworthy gains should result if steadying influences can be exercised and the issues not become blurred by a multitude of reports.

The Broad Divisions of Opinion

In this current nursing debate there would appear to be two opposing points of view:

1. The one which advocates what in the present scheme of things could be called revolutionary measures such as:
   (a) Abolishing the hospital schools forthwith and setting up schools which, in matters of finance and administration, would be independent of hospital authority.

(b) Setting up a two-year diploma course to replace the traditional three-year training period.

2. The other which maintains that desirable improvements can be worked out within the matrix of the present nursing establishment.

At the same time it would appear that much of the tension in nursing ranks arises from the opposing attitudes of two schools of thought representing different disciplines—what might be called the educationist group and the service group. The former —the educationist group—believes that unless high educational standards and practice requirements freed from compulsory service in hospitals are secured, nursing will be eroded as a profession and finally become just another trade. The latter—the service group—feels that much of nursing's place as a profession is being lost as the result of becoming too intellectualized and removed from the bedside.

This difference of opinion—inevitable in the scheme of things—is significant and profound, and must be recognized in any discussion of nursing in Canada. It should be realized, however, that such differences and tensions are a healthy sign; they provide the seed-bed of significant reform.

It may be remarked, further, that this broad division of opinion in the ranks of nursing is not peculiar to nursing alone. It has its parallel in the world of Medicine where there is a sharply different point of view between medical science on the one hand, and medical practice on the other; between the university hospital centred on teaching and research, and the patient-oriented, community-based group of physicians in active practice.

The Task in Plotting the Future

In the light of these circumstances it would seem to be the task of planning in nursing to translate imagination, perspective and the experimental approach into schemes within the existing framework of nursing which:

(a) will achieve and maintain excellence and sound educational objectives, and

(b) are within our power to initiate and foster, and

(c) are within the possibility of financing.

The task should be to assess what we can hope to achieve in terms of what we can afford (in the best sense of that term), rather than what we might like to have.

Other Considerations

At the moment, many nursing schools and health agencies, while recognizing that certain changes are desirable, are fearful that these changes may come so rapidly that proper adjustment cannot be made to them, and thus there would result a disturbing period of confusion.

It should be noted, also, that, in whatever measures are advocated, the effects of *specialization* should be carefully watched. Specialization can take a higher toll in the real spirit of nursing than it has done in the medical profession. The checks and balances are more seriously affected in nursing. In both nursing and Medicine one finds the cry: "Back to the bedside." This divorce from the bedside is more serious in nursing than in Medicine, because of the larger content of science in Medicine and the more intimate bedside and patient tie in nursing. The hospital and not the classroom still remains the nurse's main training-ground, and it is of the utmost importance that theoretical seminars and technical duties do not remove her still further from her close relationship with the patient.

We do not wish to be misunderstood on this point. We are not decrying specialization per se, only the evils of specialization on an inadequate foundation and with too narrow an interest. "The objective to which all nursing roads lead and from which all should radiate, is the patient . . ." (G. M. Weir). Specialization should not go beyond the real needs of nursing and should correspond to realities and requirements. Should it fail to do so, the nursing profession will be in the same fix that Medicine is in at the present time.

The Hospital School and the Independent School

Currently, training in hospital schools proceeds on the assumption that through the practice of nursing on the wards, the student emerges at the end of three years as a competent nurse. This can be possible only if the following are secured:

1. adequate facilities,

2. an educational outlook and implementation,

3. the integration of pre-clinical and clinical teaching,

4. sufficient nursing-team personnel.

How much better a nursing school, independent of hospitals, could secure these conditions is being debated.

There appears to be a large measure of opinion that it is undesirable and unlikely that nursing training should be divorced from the hospital schools at the present time. It is argued that these schools, properly organized and conducted, and providing the advantages of life in residence, can contribute a great deal to the training of young women.

At the same time we might as a Committee agree that, as a long-term objective, nursing might be brought into the academic community under the same conditions that exist in the other professions. Nursing education, then, in fact as well as in theory, would be an integral part of the state educational system—the school for nurses being in the same category as the faculty of education. Such an arrangement is still a long way in the future.

Nursing and the Public

In thus considering the changing face of nursing, it is worth pointing out that the public support of nursing education at both the degree and diploma levels has always been far below that accorded to medical education. The time has come for this to be corrected by public discussion, the dissemination of accurate information and the request on the part of nurses' organizations to educational, medical and public authorities for a wider measure of support for nursing claims.

Nursing in the public mind has suffered from a cheap ultra-romanticism on the one hand ("women in white") and on the other from the habit of regarding nurses as a public commodity (probably a relic of the custom of the past when nurses were thought of as domestics). The situation has been perpetuated by the daily and periodical press. An example is an article which recently appeared in the most popular Canadian weekly—*Why We're Running Short of Nurses.* This is a lurid example of the mish-mash which forms the staple of such discussions. It contains at least ten downright errors in fact, misleading general

statements; it distorts the picture in its emphasis on the sensational; it provides a cheap and vulgar approach to its theme in which nurses are placed on the level of football players and categorized as "pretty brunettes" and "chubby blondes." This sort of thing does great disservice to nursing. It is time that nursing organizations countered this dangerous rubbish with informed and responsible statements. Here is an opportunity for those planning programmes dealing with recruitment of nurses.

The Conditioning Factors in Planning

Nursing is a social necessity like medicine and the law. At the present time it is the most self-conscious of all professional groups. The debate which is going on in nursing ranks concerning aims and practice has laudably resulted in the desire to experiment with new programmes and bring about changes in organization. Many of the changes which are being advocated are admittedly unrealistic. Moreover, it should be realized that nursing is so articulated with medical, social and governmental conditions that the nursing profession alone cannot effect any far-reaching changes but must act in co-operation with these other agencies. In whatever is proposed, nursing must recognize the conditioning influences—and also the co-operative aid—of its adjoining territories—the medical profession, the hospitals, the government financing agencies and the nursing conditions prevailing elsewhere. Nursing cannot act independently but only with these other areas in mind.

CHAPTER 4

THE NURSING PERSONNEL (THE NURSING TEAM)

Introduction

In the health professions the most radical changes in role have taken place in nursing. The whole nursing field is in a state of flux as we have already noted. These changes have involved the conception of the tasks in hand, techniques and the organizational approach. These may be expected to continue and to accelerate.

The Partitioning of Nursing Practice

In consequence the nursing profession is in the process of having to work out new divisions of responsibility because of the increasing number of individuals involved and as a result of the complexity of the tasks which nurses must now perform.

This partitioning of nursing practice has been taking form during the past forty years. In a broad way it has resulted in:

(a) a division into the group of fully qualified or registered nurses and the group of auxiliary workers with less or no formal preparation.

(b) a division into the group of nurses for institutional or bedside duty and the group of public health nurses for duty in public health fields.

We are mainly concerned in this context with the former. For this has brought into being the so-called nursing team.

The Nursing Team

The main categories of personnel comprising the nursing team are:

Registered Nurses

1. Supervisors
2. Head Nurses
3. General Staff Nurses

Student Nurses

4. Student Nurses

Auxiliaries

5. Certified Nursing Aides
6. Nursing Aide Trainees
7. Ward Aides
8. Nursing Orderlies
9. Ward Clerks

Number and Distribution of Nursing Personnel in General Hospitals in Alberta—as of December, 1961—

Supervisors	370
Head Nurses	344
General Staff Nurses	2,288
Student Nurses	1,789
Certified Nursing Aides	1,182
Nursing Aide Trainees	137
Ward Aides, Ward Clerks, Nursing Orderlies and allied personnel	1,192

Definition of Duties in Each Category

In reviewing the duties of each category as determined from the reports of eight hospitals in Alberta, it would appear that the organization and responsibilities are broadly similar. The duties are somewhat changed, in being combined or delegated, according to the size of the unit or hospital.

The duties may be defined as follows in each category:

Supervisor and Head Nurse

1. Organization and administration of units.
2. Delegation of duties to nursing personnel in patient care.
3. Assisting and co-operating with the medical staff.
4. Checking and reporting the condition of the patients.
5. Maintenance of the morale of the staff and the promotion of good public relations.

General Staff Nurse

1. Organization of team nursing and delegation of duties to each member of the team.
2. Direct patient care for the seriously ill.
3. Medicines—dressings—special treatments.
4. Supervision of the nursing personnel in the unit.
5. Relieving the head nurse when required.

Certified Nursing Aide

1. Patient care—bed baths—bed making—some treatments.
2. Responsibility for admitting the patient to bed and for the patient's belongings.
3. Other responsibilities vary as to the organization within the hospital—in respect to charting and cleaning, and as between the certified nursing aide and the ward aide.

Certified Nursing Aide Trainee

The student works under supervision and usually carries out the duties of a certified nursing aide.

Ward Aide

This individual is trained on the job.

In some hospitals they are called nursing aides. Their duties may be (in the main) similar to those of certified nursing aides but in most instances are of a more domestic nature.

They are responsible for flowers, carrying trays, answering bells, seeing to the cleanliness of the patients' unit, running errands.

Nursing Orderly

Trained on the job personnel.

Two or three hospitals in the Province have organized programmes for orderly training.

The duties in all hospitals are similar.

1. Bed Care of the male patients.
2. Assistance with other patients in lifting or transporting.

3. Responsible for making available orthopedic equipment, oxygen, etc.
4. Dressing and treatments of male patients.

Ward Clerk

Employed in the larger hospitals.

Prepared on the job. May have business training.
The duties are concerned with:

1. Clerical work.
2. Making up new charts.
3. Reports, time slips, copies of discharges, etc.
4. Answering phone.
5. Directing visitors.
6. Preparing diet lists.
7. Carrying out errands for patients.

Features of the Nursing Team

As an effective organization, this team will function best when its operation is based on sound principles of work division and administration. This means that the authority of the nursing service department and the best use of the available skills can only be secured if the functions and activities of all the echelons of the nursing service are clearly defined and agreed upon.

This principle assumes greater importance when it is realized that in the course of the last thirty years the number of nursing personnel in hospitals has risen fifteen-fold while the number of beds has only about doubled.[1].

It will be seen from the above outline of the duties of the various members of the nursing team that a registered nurse, in summary, has five major functions:

1. responsibility for technical and therapeutic procedures,
2. ward administration,
3. organization—in both the foregoing she is responsible for communications and control in the nursing team,
4. teaching the other individuals under her charge,

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[1] Submission from the Canadian Nurses' Association to the Royal Commission on Health Services, March, 1962.

5. providing an informal link with her other colleagues, the patients and the public.

Such duties demand a different type of trained person than that which is visualized in the expression "bedside nurse."

In another aspect nursing may be regarded as an in-between profession. It overlaps on the one hand with the domestic staff and on the other with the doctors. In this respect it is like the profession of the architect who works between the builder on the one hand and the artist on the other.

Inherent in this whole organization is the element of diversity. This is clearly reflected in the composition of the nursing team. And the same diversity must be exercised in the kinds of preparation requisite for the performance of these functions.

This is where planning comes in and where In-Service programmes play an important part.

The Future of the Nursing Team

Any realistic statement in this regard must take into account two features:

1. We cannot expect any appreciable increase in the ratio of graduate nurses in the foreseeable future.
2. There will continue to be an increase in auxiliary personnel as necessity arises.

Such being the case, it follows that three considerations are paramount:

1. The most effective use of proportionate auxiliary personnel.
2. The clear delineation of the duties of all concerned in the nursing team.
3. Close co-operation and understanding must be established between graduate nurses and the auxiliary members of the team, particularly the certified nursing aides.

The Proper Ratio Between Professional and Non-professional Personnel

There is no unanimity of opinion among authorities in respect to such a ratio. A study conducted by the American Hospital

Association and the United States Public Health Service advocates an "average of 4.7 hours total nursing care per patient per day, of which 2.5 hours are provided by professional nurses and 2.2 hours by other nursing personnel." That is, roughly, a 50:50 division of care.

Specifically in regard to the number of certified nursing aides employed in active treatment hospitals, our discussions with nursing authorities in Eastern Canada indicate that the ceiling of a ratio of 60 nursing aides to 40 graduate nurses should not be exceeded. Further study in this problem is indicated.

In Summary

Much has still to be learned about the best way in which to apportion the various areas of nursing care to the several members of the nursing team.

If we agree that the present "shortage" in the nursing world is a shortage of "nursing" rather than of "nurses," this can be appreciably corrected by working out the most effective and economical use of the trained personnel available in the nursing team and by planning further training for the other members to make them more efficient co-workers.

Recommendation

It is recommended that:

The Provincial Council of Nursing, the organization of which is advocated and discussed in Chapter 17, set up a Standing Committee to keep under study and make suggestions to all hospitals in the matter of relations between the various wings of the nursing team.

SECTION II

NURSING EDUCATION

CHAPTER 5

SCHOOLS OF NURSING IN ALBERTA

Diploma Programmes

There are twelve Schools of Nursing organized in hospitals in Alberta. Eleven of these are based in active general hospitals that range in bed capacity from ninety-one to ten hundred and ninety. The twelfth is at the Provincial Mental Hospital, Ponoka, an institution with a patient population of approximately twelve hundred and seventy-two.

The eleven schools in general hospitals offer a three-year diploma programme. The school at the Provincial Mental Hospital offers a four-year diploma programme which consists of two years preparation in psychiatric nursing and two years preparation in general nursing. The latter is provided at the Calgary General Hospital on an affiliation basis, but prior to September, 1962, was provided as well by the Royal Alexandra and University Hospitals in Edmonton.

Capacities of Schools of Nursing

The Hospitals, with bed capacities and enrolments in their Schools of Nursing, are as follows:

Hospital—at Dec. 31/62	Beds**	Bassinets**	Student Nurse Enrollment Dec. 31/62	Dec. 31/61	Stated School Capacity*
University of Alberta	1,090	112	341	355	360
Calgary General	953	110	281	282	300
Royal Alexandra	660	155	338	329	346
Edmonton General	371	69	188	176	180
Misericordia, Edmonton	327	60	130	99	150
Holy Cross, Calgary	342	70	201	215	200
Medicine Hat Municipal	231	32	67	58	90
Lethbridge Municipal	193	58	103	102	108
St. Michael's, Lethbridge	189	18	93	72	91
Archer Memorial, Lamont	91	12	52	49	50
St. Joseph's, Vegreville	91	15	43	39	45
Provincial Mental, Ponoka	—	—	52	45	64
			1,889	1,821	1,984

*These figures are taken from a Committee questionnaire to each School of Nursing.
**Canadian Hospital Directory, 1963.

There has been a steady increase in the enrolment in the Schools of Nursing in post-war years. However, it is noted that all Schools are not yet up to their stated capacities. The Committee arranged for conferences with representatives of each of the hospitals conducting Schools of Nursing and it was ascertained that a satisfactory number of applicants had been available for the past two years.

There will be a further increase in students when a School of Nursing for approximately three hundred is established in the Foothills Provincial General Hospital in Calgary which is slated for completion in 1966.

It is also noted from the above table that there is wide variation in the ratio of students to rated beds and therefore to available clinical experience. In passing, it may be of interest to comment that the Committee was made aware that the Alberta Association of Registered Nurses and the University's Committee on Nursing Education were considering a recent ruling of the General Nursing Council of England and Wales that, commencing in 1964, reciprocal registration will only be offered to graduates of Schools of Nursing associated with hospitals of 300 beds or more and a daily patient occupancy of 240. Also, the Province of Saskatchewan plans to require that reciprocal registration will be extended to graduates of schools associated with hospitals of 150 beds or more as of 1968. It was felt by the Committee that these requirements must be kept in mind in recommending new schools of nursing in this province and also that students entering the smaller schools of nursing should be made aware of these limitations to their possible future movements as graduates. Basically, however, schools of nursing in Alberta are not preparing graduates eligible to meet reciprocal registration requirements throughout the world, and the Committee feels there are other factors involved in a sound nursing education programme as well as the number of beds.

Affiliations

As stated earlier, the Provincial Mental Hospital arranges an affiliation of two years in general nursing for each of its students. As well, students from the Schools in general hospitals may be sent on affiliations as part of their three-year programme.

The special affiliations in effect in this Province include pediatric, psychiatric, tuberculosis, public health and rural hospital nursing. This topic is dealt with in detail in Chapter 6.

Relation of the University of Alberta to the Schools of Nursing

Approval of a School of Nursing or of an affiliation programme for student nurses is granted by the General Faculty Council of the University of Alberta by authority of the Registered Nurses Act, Chapter 283, Revised Statutes of Alberta, 1955. The University of Alberta has formulated and issued a booklet, "Regulations Governing Schools of Nursing in the Province of Alberta," which covers such topics as purposes and control, administration and organization, teaching and nursing service staff, student personnel, curriculum evaluation, promotion and records. The University provides for an annual visit to each of the Schools by its School of Nursing Adviser and arranges for periodic inspection visits by an inspection committee. Graduates of all Schools of Nursing in Alberta must successfully write the conjoint examinations of the University which, as well, entitles them to membership in the professional association. In this way a uniformly high calibre of graduate in this province is assured.

The Place of Residence Life

In meeting with representatives from the various hospitals which conduct Schools of Nursing, the Committee members formulated the conclusion that residence life was thought to contribute significantly to the growth and maturity of the student nurse. This was considered an important influence throughout her three years in the School, though some of the Schools agreed that in the senior year permission could be granted to live out of residence for various reasons. On the other hand, it was agreed that living in residence, though desirable, need not be such a rigid requirement that it would bar prospective students who were married, or males.

Drop-Outs

The Committee was interested in obtaining information about drop-outs from Schools of Nursing. This information is gathered annually from each School of Nursing by the Canadian Nurses' Association and compiled in a brochure, "Facts

and Figures about Nursing in Canada". In the copy published in 1960, the national figure for drop-outs was given as 20.6% while the rate for Alberta was given as 23.7%.

The four main causes of drop-out:

1. failure in classwork,
2. marriage,
3. dislike for nursing,
4. health.

These four reasons accounted for almost 80 per cent of the students who left nursing. Drop-outs were heaviest in the first year of the programme which means that students are leaving from the major classroom section, but at a time when it is no longer possible to offer the space to another applicant who could not be admitted earlier because the class was filled. Drop-outs, therefore, are expensive to a School, though the period in the School will no doubt have been of some benefit to the student.

University School of Nursing

The University School is located at the University of Alberta, Edmonton. This School offers a five year basic degree programme in nursing which consists of two academic years and three clinical years. The first academic year may be taken on the Edmonton or Calgary campus of the University of Alberta. The three clinical years are offered at the University of Alberta Hospital. The final academic year can be taken only on the Edmonton Campus and it is a specialization year in either Public Health Nursing or Teaching and Supervision.

The degree programme has been planned in various ways since it was first offered in 1924, and it has changed to a four-year programme and reverted to a five-year programme on at least two occasions over the years. It was expressed to the Committee that the current five-year programme was not as appealing to high school students as a four-year programme would be, and that other courses for women in the health field were proving competitive to nursing at the University level. It is

from the University graduates in nursing that we should expect our future leaders to emerge.

The University School also offers courses for graduate nurses which are outlined in Chapter 10.

Comparative registration statistics for academic programmes over a five-year period indicate the relative growth of the School.

Course	1956-57	1961-62
Basic degree—full-time	105	118
—part-time	1	—
Post basic degree—full-time	1	18
—part-time	4	13
Diploma—Public Health Nursing	13	15
Diploma—Teaching and Supervision	12	12
	136	176

Other Training Programmes

In their respective chapters, information will be found about training programmes for other members of the nursing team as follows:

Mental Health Nursing—Chapter 13

Certified Nursing Aides and Nursing Orderlies—Auxiliary Personnel—Chapter 11.

New Schools of Nursing

Representations have been received that to remedy the shortage of nurses several new schools should be opened. The Committee has explored this situation and suggests that at the present time consideration of new schools should be limited to the following:

1. Red Deer: This hospital is located in a rapidly growing area of the province with an active bed complement of 152 and an Auxiliary Hospital of 100 beds under construction, with

inevitable further expansion in the future. With adequate clinical material and an interested administration and medical staff, this presents the most likely location for a new school, provided satisfactory financing can be arranged.

2. Grande Prairie: Representations have been made that because of its geographical location in the centre of the Peace River area a school of nursing should be opened there. It is felt that many potential nursing students from this area are lost to nursing because the nearest school is located in Edmonton, three hundred miles away. It is further suggested that a school in the Peace River area would materially assist in overcoming the chronic shortage of graduate nurses in this area. The hospital in Grande Prairie has 118 active treatment beds, and the associated Auxiliary Hospital 50 beds.

Recommendations

The vast sums of money being expended by the Provincial Government on increased hospital facilities will be useless unless steps are taken to increase the output of graduate nurses. Not only do we require more nurses for general duty in hospitals but we also require more nurses with advanced education for senior positions as well as for Public Health and other community needs. With this in mind the following recommendations are made:

1. That schools of nursing such as the University of Alberta Hospital, Royal Alexandra and the Calgary General, with adequate clinical facilities, be encouraged to immediately increase their intake of students to the capacity of clinical facilities. Tnat where residence facilities are a limiting factor, selected third year students receive an allowance and be permitted to live out.

2. That in the large schools where clinical facilities are being utilized to capacity, hospitals such as Red Deer, Camrose, Grande Prairie be developed as satellite training centres. That this be an initial step insofar as Red Deer and Grande Prairie are concerned, with the eventual aim being the development of full training schools.

3. That the School of Nursing of the University of Alberta, Edmonton, should plan to reduce the length of the five-year basic degree programme as soon as feasible.

4. That the University should organize a School of Nursing on the Calgary campus. Although initially it may confine activities to programmes which will improve the qualifications of graduate nurses, ultimately a basic degree programme should be available at this location as well.

CHAPTER 6

SCHOOLS OF NURSING AFFILIATION

The Present Situation

All the schools of nursing in Alberta have affiliation of one kind or another to provide nursing education not available in the school. The most common affiliations are with the Provincial Mental Hospital for psychiatric nursing; Tuberculosis Sanatoria for isolation nursing techniques and familiarity with tuberculosis as a problem in the community; and with the Victorian Order of Nurses, City Public Health Departments, etc., for public health nursing experience. The schools at Vegreville and Lamont, due to their small clinical services, have affiliation with larger city hospitals. In Southern Alberta, the Alberta Crippled Children's Hospital is used for pediatric affiliation.

The school at the Calgary General Hospital is the only school providing affiliation with a rural hospital to give selected student nurses experience in rural hospital work.

Recommendations Received on Affiliation

In discussing affiliation with the interested bodies, five main points were emphasized:

1. The importance of increased rural affiliation for rural hospital experience.
2. Affiliation with larger rural hospitals for the utilization of clinical teaching material in these hospitals.
3. The possibility of discarding affiliation with Tuberculosis Sanatoria.
4. An increase in the period of affiliation for psychiatric nursing.
5. The possibility of affiliation with auxiliary hospitals for geriatric and rehabilitation nursing experience.

Rural Hospital Affiliation

Most of the organizations interviewed were convinced of the need for student nurses to receive some training in small rural

hospitals. It was thought that this affiliation would give student nurses a better concept of work in the small hospital environment and make them better prepared should they decide to seek employment in small hospitals. A period in small hospitals would introduce the nurse to equipment and supplies used or improvised, develop a greater sense of responsibility under supervision, give an appreciation of working relationships in smaller staffs, and for those students not familiar with rural living, an experience of life in a small community. With this experience a student's apprehension of working in small hospitals would be reduced. Affiliation in this context is primarily intended to give students the feel of work in small hospitals and not for specific clinical experience. It would encourage more nurses to work in the rural areas which are the areas that suffer most from a shortage of nurses.

When the Committee interviewed the Schools of Nursing, one of the questions they were asked was, "If an extension of affiliation with rural hospitals were considered advisable, would your school be prepared to participate?" Almost without exception the schools were in favour of such a proposal and showed a keen interest, providing the affiliation was an educational experience for the student and not a nursing service expedient. However, there was no possibility that this kind of affiliation would increase enrolment in the schools, and numerous difficulties in implementing it were raised. The main difficulties were the provision of instruction, supervision and residential facilities in the affiliated hospital and the cost of travelling and living, etc. The rural hospital would have to co-operate in such a plan and assume some responsibility. It was the general opinion that rural affiliation could only be accomplished in hospitals with 40 beds or more.

Affiliation with Larger Rural Hospitals

It was considered that the hospitals at Red Deer, Grande Prairie and Camrose were those that could be considered in this context at the present time. Since, however, two of these hospitals are being considered as eligible for new schools of nursing (See Chapter 5), this narrows the field of application.

St. Mary's Hospital, Camrose, does offer the possibility of an ideal arrangement whereby a school could increase its enrolment if the clinical teaching material at this hospital were

used. A School of Nursing in Edmonton thought it might be possible to make such an arrangement and increase their total number of graduates.

Tuberculosis Affiliation

A number of the schools and organizations thought that tuberculosis affiliation could be discontinued without any serious harm being created in the students' education. Reasons given for this opinion were that tuberculosis was quickly decreasing as a threat to the health of the community and that, from a long-term nursing point of view, the student can and does receive this training in the hospital school.

However, the authorities responsible for tuberculosis control and care in the Province do not agree with this opinion and quote statistics to show that tuberculosis is still a problem of some magnitude. Furthermore, although the number of patients in sanitoria is decreasing, more patients are being treated on an out-patient basis. They believe that it is still necessary to make nurses aware of tuberculosis as a health problem and provide experience in the care and treatment of tuberculosis patients and the disciplines necessary in the handling of chronic communicable disease patients. It is, they say, of particular importance in public health nursing. It is noted that in the *Regulations Governing Schools of Nursing,* tuberculosis nursing is a recommended and not a compulsory nursing experience.

Psychiatric Affiliation

In general most schools favoured an expansion of psychiatric nursing affiliation from eight to twelve weeks, and the main reasons are as follows:

1. Nurse educators have the opinion that twelve weeks is the minimum time required to learn basic psychiatric concepts.
2. Due to the large number of patients in mental hospitals and the increase in the number of people being treated for emotional and mental disorders in general hospitals, nurses should have a sound understanding of psychiatric nursing.
3. It is possible that a better understanding of psychiatric nursing would lead to more nurses being interested in this field of nursing.

4. There is a shortage of nurses in teaching and supervision who have had preparation and experience in psychiatric nursing.

Auxiliary Hospital Affiliation

The Committee found that, due to the fairly recent advent of auxiliary hospitals, the Schools of Nursing had not considered the possibility of using them in the education and training of nurses. However, there is a growing awareness of the need for nursing experience in geriatric and rehabilitation nursing by the Schools and organizations. If the auxiliary hospitals are going to maintain a high standard of care and preventive measures against physical deterioration for the chronically sick and be progressive in rehabilitation procedures, it is obvious that they should be used extensively in nursing education at a professional and auxiliary nursing level.

It was evident from a number of sources that there is some reluctance on the part of nurses to work with aged patients and in the chronic field. Educational experience in the auxiliary hospital would undoubtedly help to overcome this reluctance.

Conclusions

Within the existing framework of nursing education and the clinical experience requirements of the *Regulations* covering Schools of Nursing, it is not possible to meet every demand for the various affiliations that may be necessary. Therefore, the Schools of Nursing must of necessity be left to decide those affiliations which they think are important and needed by their students.

Recommendations

It is recommended that:

1. There would be much value in third year students having not less than four weeks' experience in a small rural hospital. Therefore, it is recommended that Schools of Nursing do all they can to give students this experience by affiliating with rural hospitals of 40 beds or more.

2. As expanded affiliation will increase the cost of nursing education, hospitals with Schools of Nursing should not be hindered by financial considerations. Therefore, it is recommended that the Department of Public Health should recognize the need for additional funds for this purpose.

3. The initiative in developing a rural hospital affiliation program for students in metropolitan hospitals could come through the Council of Nursing as proposed in Chapter 17. A nurse-employee of the Council could act as co-ordinator and travelling instructor for the program.

4. The reduction or cancellation of tuberculosis affiliation be left to the discretion of the individual school.

5. Further consideration should be given to an increase in the period of psychiatric affiliation.

6. Schools of Nursing should consider affiliation with auxiliary hospitals to give nurses some experience in this type of nursing care.

7. It is recommended that Schools of Nursing in Alberta explore the possibility of affiliation with St. Mary's Hospital, Camrose, and others of similar size which provide adequate clinical experience.

CHAPTER 7

NURSING EDUCATION PROGRAMMES

Introduction

Several types of educational programme for the preparation of nurses are in effect on this continent and in Great Britain. Most common throughout is the three-year, hospital-controlled programme, hereinafter called the "traditional" programme. It is found in eleven of Alberta's twelve schools of nursing. Other types of programme considered by the Committee are:

1. the "two-year" programme
2. the "two plus one" programme
3. the "centralized teaching" programme
4. the "day-school" programme
5. the University programme.

In its deliberations concerning the several types of programme and examples of each type, the Nursing Education Survey Committee makes two observations:

(1) The calibre or quality of individual nursing educational programmes, irrespective of type, can show wide variation one from another. They vary from the thoroughly planned and executed programme based on sound educational principles on the one hand, to those which have undergone little modification from the apprenticeship experience which was considered to be nursing education at the beginning of this century. Many factors are responsible for this variation. Notable among these are: preparation of faculty; philosophy of faculty and administration; adequacy of teaching and clinical facilities; quality and quantity of service staff; administrative policies; etc. Improvement, then, within these existing programmes is possible and is dependent upon individual assessment by school staffs themselves. It is beyond the scope of this Committee to evaluate individual programmes within specific types, except insofar as

some particular or unique facet may have a bearing on the overall improvement of nursing education in Alberta.

(2) Not only do individual employers of graduate nurses show wide variation in their expectations of the capabilities of the "graduate nurse", but also they expect any graduate nurse to be able to function equally as well as any other graduate nurse in a given situation. When criticism of the performance of a particular graduate nurse is warranted, the initial tendency is to blame her preparation, especially if it has had any extraordinary features, and to doubt the competence of all graduates of such a programme. This of course is unfair since many other factors such as innate abilities, personal goals, state of health, etc., also bear on the problem. A dearth of sound studies on performance of graduate nurses of various kinds of programme has been noted by this Committee. Direction of nursing research toward this matter would not only help in assessing true merits of types of programme but would assist employers in setting realistic expectations of the competence of new nursing graduates.

Therefore, in attempting to delineate the discussion of nursing education programmes, this section embodies a summary of the evolution of the "traditional" programme and an assessment of this and other types of programme in terms of their practical applicability to the field of Nursing in this province.

The "Traditional Programme"

The "traditional programme" as envisaged by this Report is controlled by the hospital in which the school exists and is three years in length. In its early beginnings it did not necessarily have either of these facets.

In the early development of nursing education in England through the efforts of Florence Nightingale, the first organized School of Nursing in England, the Nightingale School of Nursing at St. Thomas's Hospital, London, was set up as an entity, administered separately from the hospital but using its facilities for student practice.[1] It was financed by a fund, the Florence

(1) Stewart, Isabel M., *The Education of Nurses*, New York, Macmillan Co., 1953.

Nightingale Foundation, which had been raised in recognition of Miss Nightingale's work in the Crimea. Miss Nightingale was firm in her conviction that such separation of funds and authority was essential to the maintenance of a good educational programme. However, as medical science advanced with its concomitant mushrooming of hospitals throughout the western world, need and demand for nursing service increased. In order to meet this need, and to meet it in such a way that increase in hospital costs was held to a minimum, the present pattern was initiated in which schools of nursing were established as integral parts of the hospitals in which they were set up, and their curricula were drawn up to serve the interests of both nursing education and nursing service. This type of programme was widely adopted both in Canada and the United States and its graduates far out-number those of any other type of programme in existence today.

Some programmes at the beginning of this century were initially one year in length, were extended to two years and finally to three years. Recognizable in this lengthening of the course are reasons pertaining to both service and education. The senior student was found to be an asset to the hospital community both for the service she could give to patients and for the assistance she could extend to more junior students. Thus, prolonging her period of student status permitted reduction in numbers of graduate nursing staff. On the educational side, as content of curriculum essential to adequate preparation increased in volume and complexity, a programme of longer duration was deemed necessary. This phenomenon is significant in view of current trends.

Over the years, therefore, service and education became quite firmly interwoven and much of the controversy in nursing circles today arises from efforts to separate, define and rebalance these two factors.

Since student practice must take place in the real situation involving patients in the hospital and community setting, some service must result. However, unless a reasonable balance of the two is achieved, the purpose of neither is adequately served. If service is required of inadequately prepared and supervised students, lives of patients may be jeopardized. The educational value of such practice becomes merely "trial and error" learning. On the other hand, practice inadequate to

achieve a certain degree of competence and educated judgment, regardless of the quality of theory, may result in a type of graduate nurse who is less satisfactory to her initial employer and less secure to assume nursing responsibilities required of her.

Efforts to strike a reasonable balance between nursing service and nursing education have resulted in marked improvements within programmes of the traditional type, particularly in recent years. Increased impetus toward continuing improvement is forecast with the initiation in 1961 of the School Improvement Programme of the Canadian Nurses' Association, a project arising from within the nursing profession. Further, in order to assist schools within this province to improve the quality of their programmes, the University of Alberta maintains the position of Adviser to Schools of Nursing. In the United States the National Accreditation Programme has resulted in a marked upgrading of nursing education programmes. Although the number of schools in the United States offering the traditional programme has decreased, the number of their students has increased and the quality of their educational programmes is now meeting approved standards.(1) From 1958 to 1960 in the United States enrolment in these traditional programmes rose from 92,419 to 94,812.(2)

Thus there is widespread acceptance of this type of nursing educational programme. Its popularity in drawing recruits to the nursing profession continues at a high level. Criticism of it from nursing sources appears to arise not so extensively from the programme per se as from the extent and variety of difficulties encountered in effecting progressive modifications within it, in specific situations. Continuing change within these programmes is foreseen and encouraged as thoughtful school faculties seek to upgrade and modify.

The "Two-Year" Programmes

In both Canada and the United States two-year programmes for the educational preparation of graduate nurses are currently in effect. However, Canada's one such programme differs

(1) Mutch, J. M. A., "Report of Steering Committee of the Department of Diploma and Associate Degree Programmes." *National League for Nursing News*, New York, Vol. 10, No. 3, May-June, 1962, page 5.

(2) N.L.N. News, Vol. 10, No. 2, March-April, 1962, page 1.

markedly from the two-year or "Associate Degree" programmes of the United States.

The "Associate Degree" programmes have been established within the framework of Junior Colleges, and although they have evolved from initial programmes of longer duration, at the present time they are generally two years in length. Many of these programmes initially featured two years of study and planned experience, followed by up to twelve months of "interneship" to assure adequate practice. However, problems arising mainly in the control aspect of student practice resulted in general abandonment of the "interneship" period.

These "Associate Degree" programmes have proved to be increasingly popular. Even though the great majority of registered nurses in the United States are prepared in the "traditional" programme, and the numbers so prepared continue to increase, the percentage of professional nurse-graduates prepared in Associate Degree programmes has risen from 0.9 per cent from 28 programmes in 1956-57 to 3.3 per cent from 69 programmes in 1960-61. Significant also is the rise in percentage of total nursing enrollees attracted to the "Associate Degree" programme. This has risen from 1.3 per cent in 1956-57 to 4.2 per cent in 1960-61, while admissions to the traditional programmes have decreased from 83.0 per cent in 1956-57 to 78.2 per cent in 1960-61.[1] This trend appears to be continuing.

Some thoughtful educators in the United States have expressed a degree of apprehension in noting this trend and suggest that constant assessment of programmes and their products is essential to prevent the marked lowering of professional nursing standards with resulting threat to good patient-care. If, indeed, graduates of these programmes are to be increased four-fold within the next few years while graduates prepared in traditional programmes are to be doubled in number,[2] the Associate Degree graduate will have an even greater influence on professional nursing standards. Difficulty lies in the dearth of unbiased comparisons of graduates from

(1) N.L.N. Research and Studies Service, "Educational Preparation for Nursing in 1961." *Nursing Outlook*, Vol. 10, No. 9, September 1962, pages 614-616.

(2) Consultant Group on Nursing to the Surgeon General of the Public Health Service, "Action for Critical Nursing Problems Proposed," *American Journal of Nursing*, Vol. 63, No. 3, March 1963, page 72.

each of the two types of programme. It is significant that although graduates of Associate Degree Programmes, to be registered in their respective states, must successfully pass the same examinations as candidates prepared in Alberta, the Associate Degree graduate must fulfill the further requirement of a period of selected practice to be eligible for registration in this province. This regulation has been established by the Alberta Association of Registered Nurses to ensure, insofar as possible, comparable competence of the Associate Degree with that of the province's own graduates.

In Canada one "two-year" programme, that of the Nightingale School of Nursing, was initiated in September 1960, with the assistance and co-operation of the New Mount Sinai Hospital, Toronto. Its predecessor, the Metropolitan Demonstration School for Nurses, established in 1948 in conjunction with the Metropolitan Hospital, Windsor, Ontario, served in some respects as a pattern for the Nightingale School project. The Demonstration School during its four and one-half years of operation prepared 87 graduate nurses in four classes. An effort toward assessment of these graduates was made. Opinion regarding the performance of 43 of these graduates with subsequent experience ranging from one to twenty months was obtained from twenty-five supervisors and directors who were asked to compare the graduate with other nurses prepared in the traditional programme. Further, opinions regarding the Demonstration School programme were sought from 53 of its graduates. An evaluation committee, in studying these opinions, the curriculum, etc., and in making comparisons with two traditional school programmes used as controls, concluded that the average graduate of the Demonstration School, compared with the average graduate of the "control" schools, appeared to be at least as well prepared for basic bed-side nursing; better prepared for Tuberculosis nursing and for Psychiatric nursing; and better able to use the principles of Mental Health with all patients.(1) The Committee would doubt the validity of these conclusions. Methods of securing information, size of the group surveyed, and the variations within the group sampled support this doubt.

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(1) Lord, A. R., *Report of the Evaluation of the Metropolitan School of Nursing, Windsor, Ontario,* Canadian Nurses' Association, 1952.

However, based on the conclusion of the Lord Report, i.e. that an adequate clinical nurse can be prepared in 24 to 25 months, the Nightingale School was set up.

The Committee was privileged to visit the Nightingale School and the New Mount Sinai Hospital and to discuss the project directly with concerned parties.

In brief, the two-year programme, established and operated under the particular policies as set forth below, is claimed by its advocates to represent a step forward in nursing education. In it the educational aspects of the course have been freed from service demands so that nursing preparation is more in line with preparation for other professions.

Policies considered by its proponents to be essential to the success of such a programme are outlined as follows:

1. The school must be an entity, independent of any hospital, and having its own board, source and control of funds, and control of curriculum.

2. The faculty of the school not only must be well qualified but in addition must have a thorough grasp of and belief in the particular philosophy, approach and methods involved.

3. Students' time must be fully controlled by the School. The affiliating hospital must maintain the full complement of nursing staff, exclusive of students, required for nursing service.

4. Careful selection of students is essential. It was suggested that some students presently admissible to three-year programmes might not be able to gain their optimum if admitted to this two-year programme. Students in the Nightingale School were selected from a group who had achieved their Senior Matriculation in one year and had ranked in the top half of their class.

5. The change to a two-year programme can be achieved only by the mandatory order of a senior authority, i.e. the Government or its executive agency.

The stated advantages of the "Two-Year" programme set up under the foregoing policies are as follows:

1. The school of nursing has control of the curriculum, and the learning experiences are not governed by service needs.

2. Duplication and redundancy in theory and practice are avoided. Learning experience is planned, spaced and supervised in terms of the student's requirements tc achieve a certain degree of proficiency.

3. Nursing education is planned and carried through on the same basis as education for other professions.

4. It is geared to provide greater intellectual stimulation with resulting high morale and low attrition among the student body which in turn may lead to a greater number of interested candidates and, subsequently, of graduates.

5. The shorter preparatory period is more attractive to the student in that she is able to earn sooner—a factor in recruitment.

6. There is a known and well-delineated source of income for the school which makes for budgetary clarity and stability.

On the other hand, the disadvantages of such a programme are as follows:

1. The graduates of this programme, having been almost entirely supernumary to hospital service staff during their clinical experience, have had limited practice and initially cannot be expected to handle the nursing load as well as those prepared in the three-year programme. Advocates of the Nightingale School programme state that a period of experience in a controlled environment is required by its graduates in order to gain the speed, dexterity, security and sense of responsibility essential to competent functioning in a graduate capacity.

2. The annual cost per student of this programme as set up in the Nightingale School is phenomenally greater than that of the average traditional programme. (See Chapter 20). Estimates indicate that the adoption of this pattern would necessitate the setting of a very substan-

tial annual student fee which few students could afford. Substantial government subsidy such as the Nightingale School has enjoyed is the alternative. Thus, financial consideration of this programme prohibits its adoption on a wider scale.

3. Because success of this pattern requires the school to be independent of hospital control, its proponents recommended that it be set up apart from existing facilities for nursing education with participation of a hospital not currently involved in nursing education. Therefore, this limits drastically the establishment of such a programme in Alberta.

4. Selection of applicants of superior academic ability is essential to this project. Thus the suitability of the average nursing applicant to undertake this programme successfully is questionable.

5. A declaration of eligibility for registration must be made by the appropriate authority in the province. Any effect on reciprocal agreement with other provinces and countries must be worked out and made known to the prospective applicant. In Ontario an exceptional ruling permits registration of the Nightingale School graduates. In Alberta reciprocal registration agreements do not apply to the two-year graduate who must meet a further requirement of a period of selected practice to be eligible. Certain other provinces and countries have established a similar requirement. If the adequacy of a particular nursing education programme to meet requirements for registration is questioned to this extent, the wisdom of its wider adoption must also be questioned.

6. Advocates of this programme state that it is not applicable as a general pattern for preparation of nurses. Criteria for its establishment and operation, selection of candidates in terms of numbers of graduate nurses needed, method of financing, etc., stand in the way of its adoption as the universal pattern for nursing education.

Thus, the "two-year" programme in the light of the above information is not recommended.

Consideration of the eventual introduction of a shortened programme must depend on:

(1) Evaluation of the performance of a sufficient number of graduates of the Nightingale School by an objective body using such criteria as to enable the drawing of valid and reliable conclusions.

(2) Further developments in the matter of reciprocal registration as graduates of two-year programmes increase in number.

(3) Development of a more reasonable cost structure.

The "Two Plus One" Programme

Although this programme was designed as a compromise between the two-year programme and the traditional programme, detailed study indicates that it is more truly a modification or re-arrangement of the curriculum of the traditional programme. In Canada it was initiated in 1950 in the Atkinson School of Nursing of the Toronto Western Hospital in an effort to overcome the shortage of recruits into the nursing field by enhancing the attractiveness of the preparation and endeavouring to promote the professional status of nursing through deliberate deletion of apprenticeship facets. Certain other schools of nursing in Ontario subsequently have adopted the general pattern established by the Atkinson School and have made minor adaptations to conform with individual existing policies.

The Committee studied in detail the programme of the Atkinson School and learned that in theory the "two plus one" programme divides the period of preparation into two sections as follows:

(1) Two years of theoretical preparation with a reduced measure of clinical practice, during which period the School of Nursing controls the student's time.

(2) A third year of "interneship" essentially controlled by Nursing Service but influenced within limits by the interests and special aptitudes of the students. During this third year experience in a rural hospital, ward management under supervision, etc., may be included. The student receives a remuneration during this time. (See Chapter 20).

Toronto Western Hospital had maintained a school of nursing for many years. Therefore, to initiate this new pattern, some re-organization and innovations were necessary. Some of these were:

1. Reduction of the number of classes admitted annually from two to one to effect a more orderly time-table.
2. Increase in staff for nursing service to patients so that the educational programme could be freed of service demands.
3. Re-organization of the nursing staff of the hospital and the school.
4. Increase in the number of full-time instructors.
5. Re-organization of the curriculum to provide better correlation of theory with practice and optimum opportunity for learning experience during the first two years.
6. Designation to the School of quarters of its own including adequate offices, classroom space, laboratories and library.

It was expected that both Nursing Education and Nursing Service would require additional funds to implement this pattern. For example, an existing need for an educational unit required capital expenditure of $150,000. The Atkinson Foundation met the major portion of this requirement and the remainder was met by government grant.

In the first two years of the programme certain expected difficulties arose due to conflicts between the two patterns of nursing education in operation simultaneously in the school. However, with the firm support of all concerned as well as the passage of time, these difficulties resolved themselves.

Evaluation of the Atkinson School for the period, 1950-55,[1] reveals the following:

1. A 25 per cent increase of graduates in the 1953-55 period over the traditional programme of 1950-52 took place. This was attributed to the attractiveness of this new

(1) Wallace, W. Stewart, *Report on the Experiment in Nursing Education of the Atkinson School of Nursing, the Toronto Western Hospital, 1950-1955.* University of Toronto Press, 1955.

pattern. Marked increase in applications permitted greater selection. Only senior matriculants were chosen, and selectivity among these was possible because of the number of applicants.

2. Comparative results of Registration Examinations were significantly superior under the new system, both in comparison with results achieved under the former pattern in that school, and with those of certain current traditional programmes used as controls. In evaluation of these results, the factor of more careful selection of students was recognized as well as changes in curriculum. The impossibility of determining the relative influence of these various factors on the results was stated.

At the outset students wrote examinations for Registration at the end of two years but did not graduate until they had completed the third year. Later this was altered to conform with the general Ontario pattern whereby all nursing students write these examinations at the end of the third year. (An exceptional ruling applies only to graduates of the Nightingale School, Toronto, Ontario).

This programme has existed for thirteen years at the Toronto Western Hospital. In the intervening years, six additional hospitals in Ontario have adopted it. Experience does not indicate it to be a transition from the traditional pattern to the two-year pattern. Rather, it is a re-arrangement of curriculum within the traditional pattern. The third or "interneship" year is considered indispensable in the opinion of its proponents for the following reasons:

1. It provides opportunity for the student to gain dexterity, confidence, and sense of responsibility through ward practice after she has acquired the basic educational foundation and clinical skills.

2. It provides opportunity for the student to earn an amount sufficient for reasonable living sooner than in the traditional programme.

3. The hospital is assured of a period of uninterrupted nursing service from students who as a group constitute a stable, productive force familiar with routines.

The stated advantages of this programme are as follows:

1. The graduate is as well prepared academically and practically as the graduate of the traditional programme, or better.
2. It is attractive to young women as a challenging educational pursuit.
3. Students are more financially independent in the third year.
4. Care to patients is of consistently high standard because of this separation of education and service. Care given by students during the first two years is so planned, supervised and placed in the total experience that students are not required to carry out nursing procedures prematurely.
5. The hospital has available for nursing service a predictable stable number of knowledgeable internes each year who fit easily into the staffing pattern.
6. Opportunity can be provided for special experience within the third year, thus enabling selection and encouragement of students for leadership positions and for rural hospital practice.
7. This programme appears to be operating satisfactorily in those schools which have adopted it.

Undoubtedly the changeover from the traditional programme to the "two plus one" programme involves an initial increase in costs. The amount of increase on behalf of the school of nursing is dependent on the adequacy of its existing facilities and staff. For nursing service additional personnel would be required to the amount of the difference of service time spent by students in the first two years of preparation, between the traditional programme and the "two plus one" programme. Later, as internes emerge, an appreciable decrease in the cost of nursing service is expected. (See Chapter 20.)

In the opinion of the Committee this type of programme has merit because it represents reform and evolution within the existing framework of nursing education. It can be initiated with a minimum of disruption and confusion. Indeed, with modifications, it could prove to be the solution to several major problems

confronting nursing in Alberta. Development of such a programme, particularly designed for this province comprises Chapter 8.

The Centralized Teaching Programme

This is essentially a variant of the affiliation programme in which certain initial and basic nursing courses are presented at a central school, with clinical instruction and practice provided by affiliating hospitals. This division makes possible the better utilization of well-qualified teachers, particularly at the basic level. Also, it can permit broader and better use of available clinical teachers and of clinical facilities for nursing education.

The Centralized Teaching programme may be established in an existing hospital school which contracts with a number of other hospital schools for certain theoretical portions of the nursing course, or it may be established in a separate educational institution such as a junior college or vocational school which sets up agreements with nearby hospital schools.

The following is cited as a successful example of the Centralized Teaching programme. The Milwaukee Institute of Technology, Milwaukee, Wisconsin, an accredited junior college, initiated a programme[1] in 1923 in which students from four of Milwaukee's leading hospitals affiliate for certain theoretical courses during the first and second year of a three-year nursing programme. Students apply to the affiliating hospital for admission to the programme. Classes at the junior college are concentrated within the first two years, during which time the student has interspersed clinical instruction and practice at her hospital. The third year is devoted largely to clinical practice. Completion of the third year ensures eligibility to write the examinations for professional nursing registration. The Institute is able to accommodate 210 students in the first year and 160 in the second year, and admits one class annually. The cost per student is not known. It is conceivable that each affiliating hospital may pay for this instruction on a per student basis and incorporate all or part of this sum into its own student fee. This programme, now in its fortieth year of operation, is provided by instructors with not less than the master's degree with emphasis on, or major

(1) *Calendar of the Milwaukee Institute of Technology*, 1962-63. Milwaukee Institute of Technology, 1015 North Sixth Street, Milwaukee, Wisconsin, Pages 102-104.

in, their nursing field. College credit given in certain nursing courses may be applied toward an Associate Degree in Arts or Applied Science at this college.

In Saskatchewan the Centralized Teaching programme has existed for many years. This province has a number of smaller schools and is able to utilize its numbers of prepared nursing teachers in a very effective manner and to make use of clinical material for nursing education in hospitals which otherwise could not support a school of nursing.

A modification of the Centralized Teaching programme is seen in the Branson School of Nursing, North York Branson Hospital, Willowdale, Ontario.[1] It is a three-year programme and graduated its first class in February, 1963. For the first nine months of the programme, students attend Oshawa Missionary College for pre-clinical courses. Since it is located forty miles from the hospital, students are in residence on the college campus for this period or may live at home, if it is within commuting distance. Regular college fees are paid by students during this period. For the remainder of the three years students live in the hospital residence. All possible efforts are being directed by its progressive faculty toward making this a truly educational programme.

At the present time the Centralized Teaching programme does not appear essential to progress in nursing education in Alberta. However, as junior colleges increase available courses and augment teaching staff, establishment of certain portions of nursing programmes within the junior college in conjunction with hospitals not currently supporting schools of nursing is worthy of future consideration.

The Day School Programme

This programme is set out because it represents modifications in living arrangements and in demands on the student's time while she is taking her nursing course. In these aspects, it represents a departure from tradition.

An example of this programme is that of St. Mary's Hospital School of Nursing, Troy, New York, directed by the Daughters of Mercy of St. Vincent de Paul. Initiated in 1956 to encourage

(1) *Calendar of the Branson School of Nursing, 1962-63.* North York Branson Hospital, Willowdale, Ontario.

local young women to enter the nursing field and subsequently to seek employment in their home city, it was set up as follows:

1. Two initial years (two times ten months) of five days per week (8 a.m. to 4 p.m.) of instruction and practice with payment of a student fee.
2. One year of ten months in length, termed an "internship," during which the major portion of time was devoted to nursing practice and for which she was paid a wage. As of September, 1962, the programme was changed to a consolidated course of three years (three times ten months) and gradual withdrawal of remuneration was expected.
3. No residence accommodation or food service for students was provided.

Certain advantages of this programme are cited by its advocates:

1. It eliminates residence accommodation as a factor affecting enrolment.
2. It eliminates room and board for students as a factor in hospital costs.
3. Responsibility for use of her out-of-class time remains with the student and thus she is placed on the same footing as any other student.
4. She is consistently more aware of the community that exists apart from the hospital and thus is stimulated to maintain a broader and more normal spectrum of interests.

Certain further observations regarding this programme are indicated:

1. It is not necessarily more or less progressive than, or even essentially different from, the traditional programme in its educational content and emphasis. Its quality depends, as in any other programme, on the judicious use of time available rather than the pattern of hours.
2. Some students, on completing high school, look forward to a change in mode of living and tend to welcome residence life as an interim step toward independence.

3. A portion of students whose homes are beyond commuting distance would require subsidy for room and board in the vicinity of the school.

4. In private homes students may be burdened with household tasks and family responsibilities which deplete their energy and time for study.

In consideration of this programme, the setting up of day-schools in Alberta is not deemed essential to the improvement of nursing education. Arrangements for selected students under certain circumstances to live out of residence are in effect at present. Maintenance and possible extension of living out arrangements appear preferable to abandonment of residence accommodation. Notable too is that in this province no evidence can be found to indicate that residence living is either deterernt to student recruitment or a factor in attrition.

University Programme

The following types of programme are available in schools of nursing of Canadian universities:

(a) Basic baccalaureate degree programmes

(b) Post-basic baccalaureate degree programmes

(c) Diploma programmes

(d) Master's programmes

(a) Basic Bacculaureate Degree Programmes

In a survey of fourteen universities in Canada, thirteen of which offer basic courses leading to baccalaureate degrees in Nursing, the following patterns are found:

1. The University-controlled pattern in which the staff of the university school of nursing controls the curriculum and students' time throughout the entire programme. Academic and professional study is provided concurrently throughout the entire period. The hospital may be an integral part of the university or it may have set up an affiliation with the university for its degree students. In either case the university staff supervises its students during their hospital experience. The four-year programmes established in four universities in Canada

are university-controlled, and purport to prepare students for staff positions in both hospital and public health.

2. The combination pattern in which the degree course is divided into distinct academic and clinical blocks, with major responsibility for curriculum control carried by the university for the academic blocks and by the hospital for the clinical block. Typically, this pattern is five years, the initial year being spent at the University, the following three years in the hospital, and the final year, at the University. This pattern prevails in eight of the thirteen universities offering basic baccalaureate degree courses. One of the eight is the University of Alberta. One University offers a six-year programme with two initial university years, followed by three years in hospital and a final year at the University.

   Increasing integration of academic and professional study, particularly throughout the three clinical years, is a notable trend in the basic baccalaureate programme. Seven of the nine universities offering the longer programme (five or six years) prepare students with a major in either Teaching and Supervision or Public Health Nursing but not both.

(b) Post-Basic Degree Programmes

Ten of the fourteen universities with schools of nursing permit graduate nurses to attain the baccalaureate degree by the "post-basic" pattern. In this, the candidate having university entrance qualifications and having completed the requirements for registration as a professional nurse, subsequently embarks on the academic programme for the baccalaureate degree.

Seven of the ten universities, including the University of Alberta, offer a two-year programme and three offer a three-year programme.

Nine of these ten programmes provide a major in one of the following: Teaching and Supervision, Public Health Nursing, or Nursing Administration. Not all universities offer all three majors.

One of the two-year patterns leading to the baccalaureate degree and available to experienced graduate nurses who in

addition hold a diploma in Public Health Nursing, Teaching and Supervision, or Nursing Administration, provides for more advanced study within the programme and leads to a major in Nursing Education, Administration in Hospital Nursing Service or Administration and Supervision in Public Health Nursing.

(c) Diploma Programmes

Eleven of the fourteen universities with schools of nursing offer one-year diploma courses to graduate nurses. All eleven offer this programme with a major in Teaching and Supervision, nine offer it in Public Health Nursing, and six offer it in Nursing Administration. The University of Alberta offers Diploma courses in Teaching and Supervision and Public Health Nursing, and proposes that the course leading to the Diploma in Nursing Administration be established at the University of Alberta, Calgary. Candidates meeting university entrance requirements and having successfully completed the Diploma programme may embark upon approximately one further academic year to achieve the baccalaureate degree.

(d) Master's Programme

Two universities in Canada recently have established two-year programmes leading to the Master's degree. Candidates holding baccalaureate degrees are eligible. These courses prepare nurses for leadership roles in Teaching, Administration and Research.

Discussion

Since the major purpose of university programmes is to prepare nurses for positions of responsibility beyond that of general duty level, it is imperative that the preparation in Alberta be considered in relation to provincial needs and conditions. In view of the grave shortage of prepared supervisors in both hospital and public health fields, practitioners of optimum competence must emerge from university courses. Dependence on orientation and staff education programmes which may be non-existent at worst or haphazard at best is impractical under prevailing conditions, and thus the university must assume greater than usual responsibility for the "polishing" of its product. Therefore, the Committee holds the opinion that caution must be used in effecting changes in the university programmes to ensure maintenance of standards of competence in its graduates.

Advantages of a shortened university programme are obvious and such a modification in the basic degree programme has been advocated by the University of Alberta School of Nursing and the Alberta Association of Registered Nurses. At the present time, the basic degree programme, termed five years in length, does in fact occupy the student for fifty-one and one-half months of the sixty months. Since the first year of this programme is coincident with the university's academic year, for the five months prior to the clinical block, the student is not committed to course work. The final year is eight and one-half months in length.

An advantage of the five-month gap early in the basic degree programme is that it provides a period in which the student may earn if she wishes. However, this advantage for selected students is outweighed by that of earlier achievement of the degree were the programmes shortened. Eliminating this time-gap, therefore, and concentrating and further integrating the basic degree programme so that it can be completed in not less than four years is considered essential.

Further, it is pointed out that the content of the three clinical years for degree students is not identical with that for students taking the traditional three-year pattern. The former has been modified in relation to courses taken in the first and final years. Further progress in this direction is encouraged.

Recommendations

In the light of these circumstances,

It is recommended that:

1. The policy of providing courses leading to majors in specific fields such as Hospital Nursing Administration, Teaching and Supervision, and Public Health Nursing be maintained.

2. The basic baccalureate degree programme be reviewed with a view to reducing its duration but maintaining its quality through concentration and further integration.

CHAPTER 8

A NURSING EDUCATION PROGRAM SUGGESTED FOR FURTHER STUDY

In Chapter 7 information was presented regarding the numerous types of nursing education programmes which are being offered on this continent as well as the Committee's endeavour to assess them in terms of their applicability to the Alberta nursing scene. It was noted that within the "Traditional" three-year pattern which exists in eleven of Alberta's twelve schools, reform is possible and modifications are constantly and currently being effected within individual programmes to improve their quality. However, in the opinion of the Committee more major modifications than are permitted within the framework of the "Traditional" programme as presently set up are required to meet existing and future needs for nursing personnel. In brief, these measures should be geared to meet and alleviate the following:

1. the increasing number of graduate nurses required to meet the increasing demands for nursing care,
2. the grave shortage of prepared nursing leaders,
3. the distressing discrepancies in geographical distribution of nurses with a resulting threat to standards of patient care in the rural areas.

It is imperative, therefore, to bring forth an educationally sound, practical and feasible programme which would maintain the favourable aspects of the existing programmes but, in addition, would be especially designed to increase numbers of nurses graduating from Alberta schools, to encourage leadership preparation, and to stimulate nurses to seek employment in rural hospitals. Such a plan, representing an extension and enrichment of nursing education in order to serve wider and additional purposes, is outlined below.

Preamble

This programme is essentially a reorganizatioin of the "traditional" programme with certain added facets all of which

are within the realm of practical accomplishment within the existing framework of nursing schools.

At the outset, however, attention is drawn to the fact that full participation by all the schools of nursing is not visualized, reasons for which will be evident as detail unfolds. On the other hand, it is expected that a fair number of nursing students could be prepared in this programme. This infers, then, that some schools would adopt the recommendation in full; some would participate to the degree possible; and some would maintain the traditional pattern as at present.

The Plan

In broad terms, the plan herein advocated involves reorganization of the nursing education programme and its division into two sections to permit:

1. Two initial years for all students, in which classroom teaching and clinical experience in the five basic services of medicine, surgery, obstetrics, pediatrics and psychiatry are completed. During this time the student gains clinical experience on a more limited scale than in the "traditional" programme, but this experience would be so selected, placed and supervised as to encourage optimum learning. In addition, to make this possible, certain modifications in the staffing pattern for nursing service would need to be made.

   Inclusion in the curriculum of a course or courses in the Social Sciences or the Humanities by arrangement with the University or Junior College in the area is encouraged. Such courses should be of university credit calibre and, if possible, should be standard courses in the main university stream.

2. A second period, considered an integral part of the programme, in which the student would be guided into one of the following two channels:

   (a) For the majority, one year of "interneship" to enable the student to gain dexterity, skill and sense of responsibility in the service situation. It is suggested that plans for this "interneship" year be controlled by the School and worked out co-operatively with

the nursing service department. It would include planned clinical teaching to meet or exceed the minimum requirement as set down in the *Regulations Governing Schools of Nursing in the Province of Alberta,* as an average of at least two hours weekly. During this year an affiliation of at least four weeks in a rural hospital is essential for all students in this stream in order to fulfill the broad purpose of this total programme. The minimum size of participating rural hospitals should be forty beds.

(b) One year and five months, in which would be incorporated university preparation to the extent of one academic year as well as eight months of "interneship." This is envisaged for a selected group, perhaps up to 20 per cent of the class who possess university entrance requirements, leadership potential and a desire to proceed to positions of greater responsibility.

During this period the students would enroll initially in a University of Alberta Diploma Programme in the specialty of their choice, i.e., Teaching and Supervision, Nursing Service Administration or Public Health Nursing. This would be followed by eight months of "interneship" provided in their home school, during which the status of this group would be similar to that of the students following the other channel.

Value of the Interneship Period

Such a programme including one year of practice for the majority of students and eight months for the potentially more able group is considered essential to the soundness of this programme for the following reasons:

1. A period of practice sufficient to enable the student to gain an acceptable level of competence and security is essential to assure the maintenance of standards of patient-care with which all nurses are concerned. It is particularly important for those who are being prepared to assume positions of greater responsibility because

they are expected to have an even more profound ultimate effect on patient-care.

2. The return in service to the hospital partially covers expense of educating the student and brings this programme into the realm of financial practicality.

General Considerations

The following general points are brought forward to clarify this design:

1. In the first two years, payment of no stipend to the student is advocated.

2. It is suggested that, because of the increased educational content of this programme, a fee will probably have to be charged during the first two years.

3. During the "internship" period, remuneration should be paid to the student in the amount of room and board (if she lives apart from the nurses' residence) plus certain other expenses of reasonable living. If she lives in the nurses' residence, the remuneration would be reduced by the amount of the value of room and board.

4. To the degree possible, uniformity in the various schools in the matter of fees, remuneration and perquisites is a desirable goal.

5. For students in the university channel, there will be the additional expense of university fees and maintenance during this period. Financial assistance would be essential.

6. Agreement would need to be reached on the date of writing of the conjoint examinations. It is re-emphasized that this programme envisages eligibility for registration only on completion of the total programme. For the main stream, this would occur at the end of the third year. For the university stream, students would become eligible not only for registration but also for the University Diploma at one and the same time, i.e. on completion of the eight-month period of interneship, providing they had satisfactorily completed the require-

ments of the university programme. For both groups satisfactory achievement in the conjoint examinations remains as one requirement for subsequent registration. It is true that in this design students following the university channel would be later in achieving their registration than those following the main stream. This is logical since this group will have had a different and enriched content, and in an additional five months will have not only registration as a nurse but also the university qualification. Provision of credit for the university portion of this course toward application to the baccalaureate degree is a further incentive.

7. If for some unforeseeable reason a student currently in the university stream withdraws at a point within the academic year, she would forfeit her opportunity to achieve the university diploma, but could return to her hospital for one year of interneship, and thus revert to the main stream.

8. The necessity for highly competent and qualified instructional staff who show reasonable stability with regard to anticipated length of service in the same school is emphasized. A regular pattern of constant large turnover of such staff should be considered a deterrent to the implementation of this programme.

9. Schools which have available to them an abundance of clinical facilities utilizable in the nursing education programme, but limited in student enrollment by size of residence, could consider extension of "living out" privileges to selected students during their interneship year. Students would be more financially able to accommodate themselves and it is felt that this responsibility can contribute to their maturation.

Benefits Foreseen

1. Increase in the number of graduate nurses.

   It is possible to increase the number of graduate nurses by increasing the number of students admitted to the schools. Assuming the same rate of drop-outs, graduates will be increased in direct proportion to

the increase in enrolees. By means of this programme, one can foresee an increase in the number of nurses graduated, since this design should have greater appeal as a challenging educational pursuit, thus encouraging applicants and reducing drop-out rates. It is possible, too, that by reducing the factor of residence accommodation as a limitation to the number of admissions to a school, male students would be recruited.

2 Increase in numbers for leadership positions.

A deliberate effort is incorporated into this programme to encourage students to undertake university preparation and to complete it within the framework of their basic nursing prepartion. It is appreciably shorter than the present pattern the nurse must follow is she wishes similar qualifications Screening procedures inherent in the streaming process encourage the more capable group into this channel. The foundation then is laid to stimulate these students to the ultimate goal of a baccalaureate degree.

3. Encouragement of graduate nurses to seek employment in rural hospitals.

The affiliation with the rural hospital provides the student with an opportunity to familiarize herself with this kind of situation and to gain confidence working in it. Such experience should reduce the fear of demands of rural hospital service felt by current graduates of the majority of urban schools and stimulate their desire to seek subsequent employment in rural hospitals.

Conclusion

The Committee, in suggesting study of this pattern, realizes that its implementation in Alberta would necessitate much effort by all authorities concerned with nursing education to modify and re-organize existing programmes to incorporate these new features. It also presupposes that school authorities would consider nursing education in terms of provincial, rather than local needs. Implementation of this programme would,

of course, require certain additional financial assistance. However, dividends in terms of provision of nursing care, more adequate in quality and quantity, are foreseen as the continuing returns of this design.

Note: Further discussion of this programme will be found in Chapter 20.

CHAPTER 9

POST-GRADUATE TRAINING

A major problem in nursing today—in Alberta and in Canada—is the critical shortage of trained supervisory, administrative and instructional personnel. Top priority, therefore, should be given to correcting this situation. Well qualified persons in the higher echelons constitute the keystone of the arch of the nursing profession. Once such a condition is achieved, many of the existing problems in nursing education and practice will be materially resolved.

The present deficiencies in this regard require for their correction not one but all the following measures:

(a) Strengthening and making more attractive the curricula of the existing degree courses.

(b) Offering the necessary post-graduate courses in various fields under University supervision.

(c) Providing the necessary financial assistance to enable nurses to avail themselves of such courses.

(d) Clearly defining and implementing salary differentials to act as an incentive for nurses to take such advanced training.

In considering this matter it is pertinent to remind ourselves that the public financial support of nursing education at the degree and the diploma levels has always been far below that accorded to medical education. Nursing should not continue to be the Cinderella of university faculties and schools.

Recommendations Regarding Post-Graduate Training Reviewed

Strongly worded recommendations in this regard have come from nearly every quarter, and the urgency for such measures has been emphasized by the use of such imperative terms as "crash programme", "top priority" and "immediate necessity". Four such may be quoted. They are all drawn from the recent Royal Commission hearings on Health Services which focussed particular attention on the need for better prepared nursing personnel.

The *Canadian Conference of University Schools of Nursing* in its brief[1], after remarking on the "marked shortage of adequately prepared nurses for all the advanced positions", instanced five areas in which specialized personnel is needed. First of all, "expert clinical practitioners who can give good care in hospitals, homes and clinics." "These practitioners are needed to raise the standard of nursing care in general hospitals, in hospitals for the mentally ill, in institutions for the chronically ill and in a variety of public health agencies". Secondly, there is an "urgent need for well-qualified teachers for nearly 20,000 students in hospital and university schools across the country". Thirdly, need for expert knowledge and skill in the area of management: ". . . some 6,000 head nurses in the wards of our hospitals need better preparation if they are to use the resources available in an economic and competent manner to give the kind of nursing care that modern knowledge has made possible". In the fourth place, "supervisors and directors of nursing in all our health agencies need advanced preparation if we are to keep abreast of our advancing knowledge in the medical sciences". Finally, "we need nurses trained in research techniques".

The brief urges that we should set as our goal the preparation of at least 25 per cent of nurses in University programmes in contrast to the 5 per cent presently enrolled in such programmes.

The *Alberta Association of Registered Nurses,* in its submission to the Royal Commission[2], recommended that "provision be made at the University level for courses geared to the needs of the nurse who must undertake the leadership role in nursing service, such courses to include further skills in ward management, human relations and advances in scientific medicine". And they continued, "Because the need is so acute at the moment, it is our belief that a crash programme needs to be instituted in the form of summer courses and institutes".

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(1) Submission from the Canadian Conference of University Schools of Nursing to the Royal Commission on Health Services, March 15th, 1962.

(2) Submission from the Alberta Association of Registered Nurses to the Royal Commission on Health Services, February, 1962.

The *Canadian Nurses' Association,* in its brief[3], recommended "that graduate programmes in universities should develop rapidly to prepare nurses in administration, clinical nursing, consultation and research".

The *School of Nursing, University of Toronto*[4], in its submission to the Royal Commission, recommending "that graduate programmes in nursing should be developed in Canadian universities", not only stressed the need for post-basic training in nursing education, supervision and administration, but also the need for graduate work in the clinical specialties.

The Situation in Alberta

This may best be indicated by referring to the following sources:

(a) The findings of the *Nursing Care Survey Committee (1961)*[5], studying patient care in Alberta in hospitals of 179 beds or less without schools of nursing, indicated that the chief factors reducing the quality of patient care were:

deficiencies in hospital plant,

inadequate administration,

low performance standards in members of the nursing team,

improper organization of the nursing personnel available,

and in the light of these circumstances recommended that:

"Courses be organized to train nurses to administer nursing units, and that regulations be made outlining minimal qualifications for such positions".

(b) The *Committee on Nursing Service of the Alberta Association of Registered Nurses,* in June, 1962, sent the following resolution, endorsed by the Executive of the Association, to the University School of Nursing, University of Alberta:

(3) Submission from the Canadian Nurses' Association to the Royal Commission on Health Services, March, 1962.

(4) Submission from the School of Nursing, University of Toronto, to the Royal Commission on Health Services, May, 1962.

(5) Report of the Nursing Care Survey Committee to the Minister of Health, Province of Alberta, November, 1961.

"Whereas, the quality of nursing care provided in any hospital facility is dependent to a large extent on 'the intellectual competence' and skill of the head nurse and nursing service supervisor; and

Whereas, no educational program at the University is in existence to prepare nursing service personnel for Unit Administration and Supervision; therefore be it

Resolved: That the A.A.R.N. request and promote the establishment of a diploma programme at the University of Alberta, which will prepare nursing service personnel for Nursing Unit Administration and Supervision."

The foregoing recommendation was made after careful study by the Association. They pointed out that the number of graduate nurses with adequate qualifications for supervisory and administrative positions in Alberta is extremely low. They remarked further that the contemplated expansion of hospital facilities in Calgary would result in an increased demand for better prepared nurse-supervisors and administrators.

(c) The *Director of the School of Nursing, University of Alberta,* has informed the Committee that the number of graduate nurses taking courses toward a degree at the University of Alberta, Calgary, has shown a marked increase. At present these students are able to take the courses required in the first year of the programme. The offering of a second year (the final year of the degree programme) with emphasis on Nursing Service Administration would undoubtedly result in increased enrolment and inevitably bring about improved nursing service in both large and small hospitals throughout the Province.

If such a programme in Nursing Service Administration were designed equivalent to the final year of the degree programme offered in Edmonton, students could complete the requirements for a degree at the University of Alberta, Calgary, and students in the degree programme, Edmonton, could be permitted to take the final year of the programme in Calgary if they desired preparation in Nursing Service Administration instead of Teaching and Supervision or Public Health Nursing.

(d) In the formulation of graduate programmes in clinical specialties, all interested agencies have suggested to the Committee that such courses should be under the aegis of the

University to secure quality and assist toward coordination and the proper use of resources.

(e) It has been suggested to the Committee that the practice might be followed to advantage of creating new positions in the nursing service in a given hospital (the practice of up-grading), thus improving the status of the nurse. For example, a nurse with proven ability could be termed Associate Head Nurse and concern herself with certain special aspects of the work in a ward unit. In this way recognition could be given to supervisory excellence without waiting for the slower method of ordinary promotion.

Other Considerations Governing Such Post-Graduate Training

It will be apparent from the foregoing that the shortage of supervisory personnel in the hospitals and schools of nursing of Alberta points up the necessity of correcting the situation without delay. Some other considerations which should be borne in mind in this connection are:

(1) The prime reason for developing these courses is the fact that there is an increasing discrepancy between what a nurse is trained to do in a hospital course and what she has thrust upon her to do when she graduates.

(2) In this development of post-graduate training we must follow, as elsewhere in nursing education, an outlook which combines a range of flexibility, empirical trial and error and a firm understanding of the three main components of medical care—curative medicine, preventive medicine and restorative medicine (rehabilitation and the realistic care of the chronically ill). In emphasizing these principles in advanced training we are maintaining and strengthening the professional level in nursing, conditioned as it is by so many factors, and at the same time avoiding the ever-present danger of deterioration of nursing to a mere occupational level.

(3) In thus advocating post-graduate training we are not putting forward proposals for a narrow specialization. On the contrary it is carrying forward still further the recognition of the core of nursing—the ministering to the basic human needs of individuals. This is the essence of the professional discipline of nursing and must find its expression in practitioners of nursing at whatever level or whatever place in the nursing team.

(4) This stress on graduate training emphasizes the fact that our objective at the present time should be to build up the University schools of nursing for degree and post-graduate courses, rather than expending our energies and resources on shortening the basic diploma course from the present three-year period to a term of two years with results in the practically trained nurse that are still problematic. The goal rather should be:

> "an effort directed to building basic schools of nursing in universities and colleges, comparable in number to existing medical schools that are sound in organizational and financial structure, adequate in facilities and faculty, and well distributed to serve the needs of the entire country".(6)

(5) In thus planning post-graduate work we are assuming the continuance for the foreseeable future of the existing hospital schools of nursing. If all hospital schools were to terminate their existence at the present time, the consequences would be disastrous.

We are convinced that little is to be gained at the present time in discussing the merits or demerits of the hospital schools. This ground has already been covered in scores of Reports. Realizing that for the present nursing education at the diploma level must function in hospital schools, we should rather be considering:

(a) how best to achieve the educational goal of nursing,

(b) how to provide a sound professional basis for nursing under existing circumstances,

(c) how to secure the best quality of nursing care.

In this context we should point out that the Committee feels that, over and above the great financial demands of such a step, we simply cannot afford to invite the vast dislocations that would result from discontinuing the hospital schools as has been advocated, and at the same time engage in the sorely needed expanded program of post-graduate training. The aim, therefore, should be to formulate a comprehensive programme of graduate training as an immediate objective, while other reforms would follow later when the time was ripe.

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(6) Nursing For the Future, by Esther Lucile Brown, (Russell Sage Foundation, New York, 1948.)

We as a Committee are advocating the latter course. It is realistic, within our power, and meets the immediate existing needs. It is a vital move and will strengthen the whole fabric of nursing so that other measures may be the more readily undertaken in the future. We realize that of all moneys available at the present time only so much can be allotted to nursing. We are advocating that this be directed mainly to graduate nurses' training.

(6) Finally, such post-graduate courses fit in with the School Improvement Programme presently being conducted by the Canadian Nurses' Association, and the concern of that body with an ultimate programme of accreditation for schools of nursing in Canada.

Existing Post-Graduate Programmes in Alberta

The programmes offered by the School of Nursing, University of Alberta, at the present time are as follows:

(1) Two-year programme leading to the Degree of Bachelor of Science in Nursing (post-basic).

(2) One-year programme leading to a Diploma in Public Health Nursing.

(3) One-year programme leading to a Diploma in Teaching and Supervision in Schools of Nursing.

(4) Five-month programme leading to a Certificate in Advanced Practical Obstetrics.

(5) Six-weeks programme in Care of the Premature Infant.

There is as well a post-basic course in Psychiatric Nursing, lasting six months and given at the Provincial Mental Hospital in Ponoka.

Outside the immediate territory of the University of Alberta there are three courses available in hospital administration. The first is a certificate programme in administration of small hospitals offered by the College of Commerce, University of Saskatchewan, consisting of a correspondence course of two winter terms together with summer seminars. The others are a one year correspondence course in Nursing Unit Administration and, also under the auspices of the Canadian Hospital

Association, a hospital organization and management course consisting of a two-year correspondence course and two summer sessions of one month.

Student Enrollment in the Degree and Post-Graduate Programmes—Alberta

	Sept. 1961	Sept. 1962
Degree Programme (5 Years)		
Total Student Complement	118	134
Distribution of Students:		
First Year	43	54
Second Year	28	27
Third Year	14	22
Fourth Year	23	14
Fifth Year	10	17
	118	134
Two-Year Course leading to a Degree in Nursing (post-basic)		
First Year	11	10
Second Year	7	9
One-Year Course in Public Health Nursing	15	18
One-Year Course in Teaching and Supervision	12	16
Five-Month Course in Advanced Practical Obstetrics		
Completing course, 1961	7	9
Enrolled in September, 1961	4	11
Six-Month Course Post-Basic in Psychiatric Nursing		
	Feb. 1961	**Feb. 1962**
	12	11

Rehabilitation Nursing

Rehabilitation is one of the keynotes of contemporary medicine. While the philosophy and disciplines which it embodies are widely recognized and accepted, the practical implementation of its principles has barely begun. This state of affairs is primarily due to a lack of any programme to translate basic ideas into practice. The result is that medical rehabilitation is operating effectively only in the larger centres while the practical realization of this new dimension in the care of the patient has not yet taken place in the wider areas of medical and nursing practice. We are, however, on the eve of a revolution in this regard.

The Problem

The problem may be stated briefly in the following terms. While it is a problem, it is one that can be readily resolved. All that is required is initiative, organization, a comprehensive training program, and the willingness to listen to expert advice coupled with the resolve to translate that advice into active measures.

1. Rehabilitation is in effect a chain with many links, and like any other chain, it is only as strong as the weakest link. In the organized centres the personnel chain consists of the following links: the physiatrist, the general physician, the nurse, the physio-therapist, the occupational therapist, the speech therapist, other medical specialists, the social worker, the psychologist, the rehabilitation coordinator, etc. The two basic links in this chain are the general physician and the nurse.

2. There is a lack of knowledge of basic rehabilitation in hospitals and nursing homes.

3. As a result of this lack, patients who are referred to a large rehabilitation centre, are in such poor condition from lack of even basic preventive rehabilitation nursing that it takes a skilled team many months to bring these patients back to the status that existed when they were disabled. It is only then that a real rehabilitation programme can be commenced. This is a conspicuous and tragic example of waste.

4. This state of affairs can only be corrected by the provision of a programme of education and by practical demonstrations by a visiting team to hospital and nursing personnel.

5. The necessity for such measures becomes imperative when we take into account the increasing proportion of elderly disabled in the population who will require preventive and active rehabilitation.

6. In this new order the basic person in the forces engaged is the nurse. She is the medium through whom the preventive aspects of rehabilitation operate. It follows that a programme of education directed at nurses and certified nursing aides is essential. Such a field of education is really basic nursing.

Implementation of the New Order of Rehabilitation

This involves a training program for rehabilitation nursing with several facets.

1. The basic nursing curriculum should be modified to stress those principles of basic nursing relating to rehabilitation. There should also be incorporated in the curriculum something relating to the positive side of rehabilitation, e.g., a dozen lectures dealing with specific features in this field. This should include both student nurses and certified nursing aide trainees.

2. At the graduate and institutional levels, particularly in auxiliary hospitals and nursing homes, the following measures should be undertaken:

(a) The provision of a Manual and training kit, charts and movies to set out and demonstrate suitable basic rehabilitation procedures.

(b) A visiting team to give advice and demonstrate the practical application of the measures involved.

(c) Setting up a short course in Edmonton and Calgary for nurses interested in this field, particularly for the nursing personnel of the auxiliary hospitals.

(d) A training programme in rehabilitation nursing to be set up at the University Hospital, Edmonton, for nursing leaders.

(e) Establishing at the University Hospital, Edmonton, a position of Rehabilitation Nursing Consultant who could

organize the production and distribution of a Manual, training kits and other material, and also organize the training programme visualized above.

3. The expense involved in the inauguration and maintenance of this project would be a charge upon the Department of Public Health. The estimate for the budget required has been outlined to the Committee as in the neighborhood of $10,000 - 20,000 to provide the initial materials necessary and would include the salary of a nursing consultant. After the initial two years required to get the programme going, the annual expense would be less.

4. This rehabilitation programme is a measure that could be effectively sponsored and supervised by the Provincial Council of Nursing.

It need hardly be added that rehabilitation medicine is one field in which the dividends are incalculable. The expense and effort involved in setting up such a programme would be repaid many times over, and what is more, would be rewarded from the very outset.

Recommendations

It is recommended that:

(1) A programme in Nursing Service Administration be established at the University of Alberta, Calgary, which would serve in three categories:

i. One-year post-basic diploma course,

ii. An alternative final year of the present post-basic two-year degree programme,

iii. Or, alternative final year of the basic degree course.

(2) This would make possible the establishment at the University of Alberta, Calgary, of a programme for graduate nurses leading to a degree in Nursing, the programme to consist of two academic years. The courses required for the first year are presently available.

The initiation of such courses for graduate nurses should be considered as the initial step in developing a full School of Nursing at the University of Alberta, Calgary. Further ex-

pansion and the offering of the entire basic degree programme will depend upon such time as the required basic science and medical courses are available.

(3) Special training in clinical areas:

Operating-room nursing—six months course.
Pediatric nursing—four to six-month course.
Medical-surgical nursing.
Neuro-surgical nursing.
Cardiac-surgical nursing.

Where facilities are not extensive enough to organize adequate clinical courses, nurses should be sent to centres in which training in these specialized fields is offered. This could perhaps be worked out within the Province and inter-provincially to eliminate the expense of setting up duplicate courses.

(4) Organization of courses for nurses at Summer Sessions in areas in which need is indicated by the profession.

(5) An extension of the short refresher courses organized under the aegis of the Alberta Association of Registered Nurses.

(6) Increased encouragement through the Alberta Association of Registered Nurses, Schools of Nursing, and other channels, pointing up the value of all such courses for graduate nurses, and thus encouraging increased enrolment. This is particularly desirable in the fields of teaching and administration, clinical supervision and public health nursing.

(7) A comprehensive programme of rehabilitation nursing as outlined above be organized and put into operation on a broad front. Such a programme could be under the jurisdiction of the Provincial Council of Nursing.

Other Conditions in Planning Such Courses

A. In view of the urgency of the situation it seems logical to ask the Provincial Department of Health for financial support in developing these programmes.

B. It is essential that such programmes be supplemented by a comprehensive scheme of financial assistance for students. The particulars of such a scheme are outlined in Chapter 21 of this Report.

C. The courses which have been set out above are of course additional to the Staff Education Programmes being carried out in various hospitals and health agencies.

D. As indicated above, this entire scheme of post-graduate training can only have its full and desired effect if close attention is paid to the differential salary levels of those completing such additional training.

CHAPTER 10

AUXILIARY PERSONNEL: TRAINING AND PRACTICE

CERTIFIED NURSING AIDES

This branch of nursing could be said to be in a flourishing state at the present time in Alberta. There is a waiting list for the admission of trainees and also for the graduates of the course.

There are two training schools—the one in Calgary dating from 1948, and the other in Edmonton established in 1957. Practical experience is secured in 24 affiliated hospitals.

Thirty students are accepted in each of the two schools every six weeks. The course is of ten months' duration which includes twenty weeks of clinical experience in two assigned hospitals. The student is taught general basic nursing care, the curriculum including broad principles of patient care, some procedures and techniques, matters of medication to be carried out under the supervision of the registered nurse, the nature of the environment for patient recovery, the understanding of the patient's emotional needs, and nursing ethics.

There are 460-480 aides graduated annually (contrasted with approximately 510 registered nurses currently being graduated yearly in Alberta.)

Nursing Aide Profile

A review of a sampling of 14 classes graduated in the two Nursing Aide Schools in 1960 indicates the following:

(a) Age:

17.5 - 19 years:	177
20 - 29 years:	139
30 - 39 years:	27
40 - 49 years:	33
50 - 59 years:	19

(b) Marital Status:

Single	:	302
Married	:	63
Widowed	:	15
Separated	:	22

(c) Educational Background:

Grade VIII and eq. IX	:	80
Grade IX	:	105
Grade X	:	88
Grade XI	:	90
Grade XII	:	31

(d) Previous Experience:

A wide range from working as a ward aide, housekeeper, domestic and waitress to office clerk.

(e) Drop-Outs in Course:

92 out of 399, or a rate of 23.2 per cent. The chief reasons: poor adjustment, personal and ill health.

Other Training Considerations

1. It has been suggested by the Alberta Association of Registered Nurses (Brief to the Royal Commission on Health Services, February, 1962) that the possibility be explored of having the nursing aide programme become an integral part of the general basic nursing programme. In such a way, it is argued, an aide might enter the general nursing programme at a later date, "pick up" her course and continue to R.N. qualification. After discussing this proposal with the Principals of the Nursing Aide Training Schools, it was felt that the academic entrance qualifications of the aide are too low to permit such a course and would be too narrow a base on which to erect a sound all-round nursing education. In this same connection it was pointed out by the Principals that the background of the aides—educational and otherwise—was capable of supporting only so much as far as responsibility in the nursing team is concerned.

2. In connection with the training of certified nursing aides the Committee would like to draw attention to a programme which is presently in operation in the Province of Ontario. The pilot project was carried out in London, Ontario, for five years in affiliation with a vocational school. In 1962 there were 68 in the course. The programme which we studied is presently being offered at the Humber Memorial Hospital, Toronto, in affiliation with the Weston Collegiate and Vocational School under the aegis of the Provincial Department of Health and the Provincial Department of Education of Ontario.

The entrance requirement is Grade X. It is a two-year course coincident with Grade XI and Grade XII work; the subjects are divided between academic and nursing. The students are in one class-room in the School. Administration is under the Vocational Committee of the School in liaison with the Administrator and the Director of Nurses of the Hospital. The instructors are all degree nurses who also have their certificate of high school teacher's training. The course is known as the Cooperative Course for Certified Nursing Assistants. At the end of two years the students write the Grade XII and the Certified Nursing Assistant examinations. The financing and the salary budget are the responsibility of the Weston Board of Education. The number in the course is limited to 24.

This programme has been most successful. It is now being considered in at least four other centres in Ontario. The strength of the course lies in the fact that it provides a channel for girls who cannot handle the high school academic patterns; it helps to reduce the drop-out rate in high school; the educational content of the course is stressed; it would appear to be on a level with the 4 year commercial course.

The Committee was much impressed by the achievements and the potentialities of this programme. We mention it in this context with the thought that it might be borne in mind in the future planning of the vocational schools now being set up in Alberta.

Nursing Aide Practice

1. The number of certified nursing aides in Alberta Hospitals at the present time is approximately 1200. As we have indicated, the demand continues to exceed the supply.

2. At the present time in Alberta the number of certified nursing aides in relation to other nursing personnel is as follows:

In active treatment hospitals:

Registered nurses	56 per cent
Certified nursing aides	22 per cent
Other auxiliary personnel	22 per cent

In auxiliary hospitals:

Registered nurses	20 per cent
Certified nursing aides	21 per cent
Other auxiliary personnel (including so-called hospital assistants)	59 per cent

Thus in active treatment hospitals the ratio of certified nursing aides to registered nurses is 1 : 2.5; the ratio of certified nursing aides to other auxiliary personnel is 1 : 1. In auxiliary hospitals the ratio of certified nursing aides to registered nurses is 1 : 1 and to other auxiliary personnel is 1 : 3. It is felt that in both types of hospitals this ratio will soon be materially exceeded.

In this connection, if the present trend in the use of certified aides continues, it is conceivable that with the increasing demand for nursing services and a rush for numbers, a situation might develop in which 75 per cent of the actual nursing in hospitals is being carried on by certified nursing aides with 25 per cent registered nurses acting for the most part in a supervisory capacity. For this reason it is imperative that thought be given to this phase of the staffing problem and some directives be established. Allowance of course will have to be made for varying circumstances. In discussing this question with various authorities, it has been suggested to the committee that in active treatment hospitals a *ceiling* be considered of a ratio of 60 certified nursing aides to 40 registered nurses.

3. In some quarters there is concern that the nursing aide is being required to carry out treatments beyond the scope of the training provided in the Nursing Aide Schools. It is conceivable that under special circumstances the nursing aide

may be asked to perform such treatment procedures, but the Committee feels that in this matter there should be a strict understanding that senior nursing personnel should be responsible for teaching and supervising such procedures and that the hospital concerned must take responsibility for such nursing aide performance. This is a matter that at the present time needs clarifying. It is most important that a close check be kept on any abuse of this practice and the indiscriminate use of nursing aides.

4. To carry the last point further, some consideration is being given at the present time to the special training of nursing aides in the operating room, the case room and the pediatric wards.

5. The certified nursing aides in the Province of Alberta are registered under the Certified Nursing Aide Act and are members of an association—the Alberta Certified Nursing Aide Association.*

Recommendations

IT IS RECOMMENDED that:

1. The facilities for the training of nursing aides be increased in both the Schools in Calgary and Edmonton. The present staff and facilities have been working beyond capacity for the past four years.

2. Hospitals which presently engage certified nursing aides should assist in providing facilities for the clinical experience of trainees providing they are equipped to do so.

3. A study be made of the nursing staffing pattern to establish directives in the matter of the desirable ratio of certified nursing aides to registered nurses in both active treatment and auxiliary hospitals.

4. Nursing aide trainees should have some clinical experience in the auxiliary hospitals.

5. Consideration should be given to providing special advanced training for nursing aides in operating room technician

*For further discussion of problems pertaining to certified nursing aides see Chapter 12.

work, pediatrics and case-room work. This development in the use of nursing aides is coming, and it is felt that we should be prepared to meet it. In so doing and in the general deployment of nursing aides, there must at the same time be a close check on the abuses likely to arise in which hospitals, and particularly smaller hospitals, might be encouraged to assign duties to such aides without adequate supervision.

6. The nursing aides through the medium of their existing organization, the Alberta Certified Nursing Aide Association, be brought under the authority of the Provincial Council of Nursing with this latter body exercising the functions of licensing and the supervision of standards.

NURSING ORDERLIES*

Nursing orderlies have always played a role in the institutional care of the sick. But until recently they have lacked proper recognition and organization. They have been a widely diversified group with no uniform educational background. The work which they have performed has varied with the hospital in which they have been employed. Since most have received no basic training, they have been dependent upon the instruction and experience which they have received in whichever hospital they were working. Their knowledge and efficiency, therefore, have differed, and their abilities have for the most part been limited to the duties performed in a given hospital.

The attitudes shown towards their work are as varied as the men themselves. Some express a genuine interest and a desire for learning and improvement, while others appear to lack enthusiasm and are of the opinion that the nursing orderly field offers steady employment but no future and no chance for advancement.

Accordingly it has been felt for some time that this situation had to be corrected. Proper nursing orderly training had to be instituted. Standards had to be formulated. Goals and objectives had to be set up. By such means the nursing orderly would have a sense of "belonging," and the whole nursing team would be stabilized and strengthened.

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*For further discussion of Nursing Orderlies, see Chapter 16.

The Alberta Association of Nursing Orderlies

To this end in 1962 the Alberta Association of Nursing Orderlies was set up under The Societies Act, R.S.A. 1955.

The objects of the Association are:

1. To organize all nursing orderlies in the Province as a well prepared group and to increase their knowledge and skill by establishing courses of instruction for the members and prospective members.

2. To improve the status of the members.

3. To secure for the nursing orderly education which will be recognized by professional medical circles.

4. To establish a code of ethics to govern the members' conduct.

5. To issue a certificate to such of the members as have attained standards of qualification set by the Association.

6. To increase the numbers of a well prepared group available to hospitals in the Province.

7. To represent its members in negotiations with hospital authorities in matters relating to terms of employment, working conditions and social security.

The Association has a Board of Directors, and the membership of the Association consists of those who:

(a) produce to the Board satisfactory evidence of good character and of completion of Grade IX schooling, and who have been employed by an accredited hospital as an orderly for two or more years, or

(b) have successfully completed a course of instruction for orderlies offered by an accredited hospital and/or approved by the Provincial Department of Health, or produces satisfactory evidence indicating experience or training equivalent to the above, or

(c) sucessfully complete such examinations as may be set by the Board.

An Advisory Committee to the Association has been set up with representation from (a) the Alberta Division of the Cana-

dian Medical Association, (b) the Alberta Association of Registered Nurses, and (c) the Associated Hospitals of Alberta. This Committee and the Board have formulated plans and a number of constructive measures.

1. An initial roster of membership up to March 31, 1963 has been compiled of those presently engaged in nursing orderly duties whose experience falls within the minimal qualifications set out in the by-laws, and whose character and performance are satisfactory.

2. After that date applicants will only be accepted in accordance with the qualifications set out in the by-laws.

3. A list of basic standards and nursing orderly procedures in which the individual must have competence has been drawn up. (A Manual.)

4. Until such time as a central formal training programme can be established, the following is proposed:

(a) to plan in liaison with the Alberta Association of Registered Nurses a teaching programme for nursing orderlies.

(b) To submit this programme to all existing schools of nursing in the Province.

(c) To recommend to the Schools of Nursing that a teaching programme be organized under the sponsorship of the Alberta Association of Registered Nurses, and possibly of the Alberta Division of the Canadian Medical Association and the Associated Hospitals of Alberta.

(d) A final examination under the supervision of the Alberta Association of Registered Nurses and the Alberta Association of Nursing Orderlies.

(e) The successful examinees will then be eligible for registration in the Alberta Association of Nursing Orderlies.

(f) Special consideration should be given to those examinees who have had good past experience and years of service.

Letters setting out these proposals have already been sent to all Directors of Nursing in the Province.

5. It is proposed ultimately to set up a Central Training School for nursing orderlies. The course offered would be 40 weeks in length, divided into three periods, with a certificate on graduation. A curriculum of training is being prepared to this end.

6. The site of such a School is under discussion. The numbers involved do not justify a separate establishment at the present time.

It does not appear feasible to use the facilities of the Nursing Aide Schools. It has been suggested that one of the new vocational schools in the Province might consider providing such a course. It is possible that the School might be set up in one of the general hospitals in Edmonton or in Calgary.

7. It is obvious that for this training programme and for the other proposed measures a Government grant will be necessary.

The hospitals of the Province have shown a lively interest in the work of the Association and in the measures which have been proposed.

In a projection of the Nursing orderly staff requirements in the Province for 1966, the estimated increases are in the order of:

General Hospitals	77
Auxiliary Hospitals	70

Recommendations

IT IS RECOMMENDED that:

1. The Alberta Association of Nursing Orderlies be recognized as the official body representing the nursing orderlies in Alberta, and the fullest cooperation be accorded it in its aims and proposed measures.

2. A membership roster and governing allied regulations be set up and implemented as at present.

3. A manual of training be adopted and an in-service programme for nursing orderlies be set up in hospitals along the lines proposed by the Association.

4. A central training school for nursing orderlies be established at the earliest possible date.

5. Financial assistance be given by Government to facilitate these proposals which will be of the utmost value to the hospitals and the nursing establishment of the whole Province.

6. The nursing orderlies through the medium of the Alberta Association of Nursing Orderlies be brought under the authority of the Provincial Council of Nursing with this latter body exercising the functions of licensing and the supervision of standards.

WARD AIDES

Ward aides are young women with no specified educational background who are trained in most instances on the wards of the hospital. In some hospitals an organized course is given. The ward aide may be responsible for some patient care, such as bathing and bed-making. In some circumstances she may feed patients and also may be responsible for the cleanliness of the patients' units. Her duties and responsibilities vary widely in different hospitals. The salary for the post is from $20 to $40 less than that of the certified nursing aide.

WARD CLERKS

Ward clerks are employed principally in the larger hospitals. They are usually prepared on the job, and in most cases are expected to have typing or business training and may be promoted to this position from the ward aide group. They are responsible for answering the telephone, taking messages, doing various errands, typing, recording for the nurses, answering questions and giving directions to visitors.

Western society in recent decades has undergone a shift in nursing care from the home to that highly organized and complex institution, the hospital. To meet this change, in large hospitals there has been a movement to a total integrated staffing of nursing with each group of the nursing team playing a defined role. This necessitates the clear definition of the function of each group and a defined degree of regulation in which in-service training is playing a vital part.

It is in the light of these considerations that we have discussed in considerable detail the training and the duties of the auxiliary nursing personnel.

SECTION III

NURSING ORGANIZATION AND PRACTICE

CHAPTER 11

NURSING AND THE HOSPITAL

Present and Proposed Hospital Facilities

The hospitals in the Province are the largest employers of nursing staff of all categories. These hospitals are grouped as active general and auxiliary hospitals, contract and federal hospitals and special hospitals which include the Sanatoria operated by the Tuberculosis Division and the mental hospitals operated by the Mental Health Division of the Provincial Department of Health. A material increase in the number of beds will occur in the next five years, particularly in the first two of these groups.

The present and proposed bed situation, as related to population, is as follows:

TABLE 1

Type of Hospital	Year	Estimated Population	Estimated Beds	Estimated Beds per 1,000 Pop.
General	1961	1,332,000	7,681	5.8
	1966	1,541,000	9,750	6.3
	1971	1,750,000	*	
Auxiliary	1961	1,332,000	1,039	.78
	1966	1,541,000	2,311	1.5
	1971	1,750,000	*	
Federal	1961	1,332,000	1,038	.778
	1966	1,541,000	1,038	.673
	1971	1,750,000	1,038	.593
Total	1961		9,758	7.3
	1966		13,099	8.5

* The projected number of beds for 1966 per thousand of population appears to provide a higher level of beds than is generally accepted by actual experience to be necessary to provide an adequate level of care. At the present time no major hospital construction projects, which would significantly increase the number of hospital beds available, is anticipated between the period 1966 to 1971. (J. D. Campbell, Hospitals Division, Department of Public Health, May, 1963.)

While it is the opinion of the Committee that there will be a marked increase in the staffing requirements of hospitals by 1971, in view of this statement it is impossible to project staffing requirements to 1971.

Present and Projected Staff Requirements

The use of auxiliary personnel in the hospital field has been markedly expanded since the Second World War. In a realignment of functions, the graduate nurse has assumed duties formerly performed by the doctor or house officer, and the nurse in turn has delegated many of her duties to a certified nursing aide or ward clerk. The number of ward aides has grown and the nursing orderly is emerging as a better prepared and more effective member of the nursing team. The duties and relationships of each member of the nursing team must be clearly defined to promote good staff morale and to reduce staff turnover; this makes it difficult to maintain efficient patient care and, as well, is extremely costly. A satisfactory ratio of professional to auxiliary staff should be established and maintained. In auxiliary hospitals this ratio need not be as high as in active general hospitals but in every instance the graduate nurse should assume the overall responsibility for nursing care and should be prepared to guide and direct the auxiliary staff members who work under her.

The following table (Table 2) shows the nursing staff complement as at December 31, 1961, in various categories of hospitals and, on the basis of present and proposed beds, projects the staff requirements until 1966.

In studying Table 2, particularly as it relates to projected staff requirements, two points should be kept in mind:

1. That no allowance has been made for shortages of personnel that existed as at December 31, 1961.

2. That no analysis has been made of the December 31, 1961 figures to determine whether or not the ratios of professional staff to other staff are correct.

Availability of Members of the Nursing Team

In the Chapters dealing with Auxiliary Personnel will be found information regarding the training and supply of certified nursing aides and nursing orderlies. Other nursing personnel would include ward clerks and ward aides who are given on-the-job training for the duties they are to assume. The efficiency of these categories is directly related to the quality of training and supervision which they receive.

TABLE 2*

Type of Hospital	Year	Est.* Beds	Director and Super.	Head Nurse	Gen. Duty Nurse	Other Grad. Nurse	Nurse Student	C.N. Aide	Nurse Aide Trainee	Nursing Orderlies	Other Personnel	Total
General	1961	7,681	370	344	2,141	147	1,789	1,182	137	278	914	7,302
	1966	9,750	472	439	2,708	187	2,267	1,500	175	355	1,161	9,264
Auxiliary	1961	1,039	14	46	47	2	—	114	—	57	260	540
	1966	2,311	31	102	105	4	—	254	21	127	578	1,222
Federal	1961	1,038	24	24	223	2	10	131	13	107	75	609
	1966	1,038	24	24	223	2	10	131	13	107	75	609
Totals	1961		408	414	2,411	151	1,799	1,427	150	442	1,249	8,451
	1966		527	565	3,036	193	2,277	1,885	209	589	1,814	11,095

* The projected number of beds for 1966 per thousand of population appears to provide a higher level of beds than is generally accepted by actual experience to be necessary to provide an adequate level of care.

At the present time no major hospital construction projects, which would significantly increase the number of hospital beds available, is anticipated between the period 1966 to 1971. (J. D. Campbell, Hospitals Division, Dept. Public Health, May, 1963.)

While it is the opinion of the Committee that there will be a marked increase in the staffing requirements of hospitals by 1971, in view of this statement it is impossible to project staffing requirements to 1971.

TABLE 3

1953	1954	1955	1956	1957	1958	1959	1960	1961	1962
Nurses holding active membership in A.A.R.N.									
2,686	2,797	3,056	3,307	3,460	3,741	4,174	4,382	4,660	5,016
Population of Alberta									
1,012,000	1,057,000	1,091,000	1,123,116	1,164,000	1,206,000	1,248,000	1,291,000	1,332,000	1,370,000
One Nurse per population in Alberta									
376.66	377.9	357	339.6	336.4	322.37	298.99	294.6	285.8	273.1

The Alberta Association of Registered Nurses has been most co-operative in providing information about the number of graduate nurses. The Association's figures show a steady growth in membership and in the ratio of registered nurses to population for the past ten years. (Table 3).

The same trend is noted when studying tables for the other provinces in Canada and for Canada as a whole. The ratio of registered nurses to population for the majority of the provinces and for Canada as a whole is greater than that noted in Alberta.

In addition to providing statistics on its active membership, the Alberta Association of Registered Nurses has indicated the main sources of new members—initial registrations of new Alberta graduates and reciprocal registrations of nurses from other provinces, states and countries. The following table shows as well the number of non-practising members of the Association who maintain an interest in its activities by carrying associate membership and the number of active and associate members of the previous year who are no longer practising and are classified as inactive.

TABLE 4

Statistics on A.A.R.N. Membership and Registration

	1962	1961	1960	1959
Active membership	5,016	4,661	4,382	4,174
Associate membership	1,977	1,955	1,894	1,850
Inactive membership	999	870	873	810
Active membership renewals	4,059	3,660	3,423	3,123
Initial registrations	508	543	472	493
Reciprocal registrations	449	458	480	553

The initial registrants are graduates of the twelve Schools of Nursing in the Province. The figures for the last two years are given on the following page. (Table 5).

The reciprocal registrants are graduate nurses who have been registered in another province, state or country and who have taken up nursing in Alberta. The figures for two years have been studied to ascertain the main locations from which these nurses come, for they represent almost as large a source of supply as initial Alberta registrants. (Table 6).

TABLE 5

1961 and 1962 Initial Registrants, A.A.R.N.

School of Nursing	1961 Graduates	1962 Graduates
University of Alberta Hospital, Edmonton	104	115
Royal Alexandra Hospital, Edmonton	69	81
Edmonton General Hospital, Edmonton	57	54
Misericordia Hospital, Edmonton	26	16
Calgary General Hospital, Calgary	96	91
Holy Cross Hospital, Calgary	57	60
Lethbridge Municipal Hospital, Lethbridge	49	27
St. Michael's Hospital, Lethbridge	28	16
Medicine Hat General Hospital, Medicine Hat	22	11
Archer Memorial Hospital, Lamont	12	14
St. Joseph's Hospital, Vegreville	14	11
Provincial Mental Hospital, Ponoka	7	8
Delayed initial registrations	2	4
Total	543	508

TABLE 6

Percentage Distribution of Alberta Reciprocal Registrants, 1961-1962, by place of initial registration

Place of Initial Registration	Reciprocal Registration 1961	1962	Total	% Total Reciprocal Registrants
I. Canadian Provinces				
Maritimes	31	33	64	7.06
Quebec	19	15	34	3.75
Ontario	75	76	151	16.65
Manitoba	37	43	80	8.82
Saskatchewan	109	130	239	26.35
B.C.	45	47	92	10.14
	316	344	660	72.77
II. Outside Canada				
British Isles	83	60	143	15.77
Europe	32	18	50	5.51
U.S.A.	18	19	37	4.08
British Comm.	8	7	15	1.65
Others	1	1	2	.22
	142	105	247	27.23
III. Totals	458	449	907	100.00

Table 4 shows that the regular annual increase in A.A.R.N. membership is not due to an increase in initial registrations, for this increase has been slight in the past few years nor to an increase in nurses coming into the province, for there has been a noticeable decrease in the number of reciprocal registrants in the past four years. One is led to conclude that an increasing proportion of inactive nurses must be resuming the practice of nursing. It is difficult to accurately project the number of nurses who will be nursing over the next three years, but if the present trend continues it will facilitate the provision of nursing staff in the increased beds which will become available in active general and auxiliary hospitals by 1966.

RECOMMENDATIONS

It is recommended that:

1. Every effort should be made to stabilize the members of the nursing staff. This may be achieved by formulating fair personnel policies in writing, establishing satisfactory orientation and in-service programmes, and producing such tools as policy and procedure manuals and adequate qualified supervision which contribute to more rapid adjustment and job satisfaction in the various categories.

2. There are not and will not be enough graduate nurses to meet all the nursing needs of hospitals. Other categories have successfully participated in the nursing team and can safely be used under graduate nurse direction. However, it is recommended that a study be made to establish satisfactory ratios of professional to auxiliary personnel and to define clearly the duties of each group, and that the findings of this study be applied. Reference is made in other sections of this Report to the necessity of adequate preparation of the graduate nurse to assume her increasing administrative and supervisory functions, of the other members of the health team to function most effectively, and of the importance of organizing refresher courses to encourage inactive nurses to return to nursing.

CHAPTER 12

NURSING IN OTHER AREAS

NURSING IN RURAL HOSPITALS

The great majority of hospitals in Alberta are to be found in the rural areas, while the preponderance of hospital beds is in the metropolitan centres.

Active Treatment General Hospitals

RURAL		URBAN	
Hospitals	Beds	Hospitals	Beds
95	3,784	13	5,193

Staff Organization

Detailed suggested outlines of staff complement for smaller hospitals have been prepared by the Associated Hospitals of Alberta. In general these follow the pattern:

Administrator—named by the Hospital Board, and may be the Matron or the Executive Secretary
Executive Secretary
Admitting and Business Office personnel
Matron
Graduate Nurses, Head Nurses and General Staff Nurses
Certified Nursing Aides
Ward Aides
Nursing Orderlies
Domestic, Laundry and Maintenance Staff.

There is a wide variation in pattern which is usually planned by the Matron to meet the particular circumstances of a given area. There is similarly a great range in the assignment of responsibility and duties.

Shortage of Personnel

The problem which plagues all rural hospitals is the difficulty in securing adequate staff, both in point of numbers and training. In Canada it is estimated that about one-third of the

available medical and nursing services is spread over large rural areas, and the situation does not differ too greatly in the Province of Alberta. The result is that there is a chronic shortage of nursing in these regions, nor is it likely that this will improve in the future. In the Survey conducted by Dr. G. M. Weir of the University of British Columbia during the period 1929-1931 this was one of the main features of Canadian nursing which was stressed. It has to be accepted and met with whatever resources are available. Above all it should not be aggravated by badly conceived hospital and health projects in rural districts.

Survey of Smaller Hospitals

A Nursing Care Survey Committee set up by the Department of Health of the Province of Alberta made a comprehensive report in November, 1961, and a number of the features of that Report are significant in this context. The Committee carried out a quantitative survey of all hospitals of 179 beds or less, and a qualitative survey of 56 such hospitals. The Report covered a wide range of areas with suggested recommendations under at least seven headings.

In the qualitative survey, the individual ratings of the hospitals ranged from a high of 98 per cent to a low of 32 per cent. The mean rating for all hospitals studied was 76 per cent which indicated that on the basis of scoring standards most of the hospitals were acceptable or better.

The chief factors in reducing the quality of nursing care in these hospitals were:

1. Deficiencies in the physical plant were the most common cause.
2. Shortcomings in the various levels of administration resulted in a lowering of patient care in over 40 per cent of the hospitals studied. Lack of proper co-operation and faulty organization were the principal shortcomings.
3. Inadequate staff, unsatisfactory staffing patterns, failure to use acceptable nursing procedures, and a lack of in-service training.
4. Improper utilization of the service of available staff—the major problem in the smaller hospitals.

Further Development of Small Hospitals

At the present time a number of hospitals are being constructed in various small communities throughout the Province. This is bound to create serious problems and strikes at the weakest link in the chain of nursing care.

While there may be a need for such hospitals in certain circumstances, the Committee believes that the difficulty in getting a sufficient number of properly trained personnel for these institutions will largely neutralize their value. For example, it seems highly improbable that such hospitals will be able to secure the services of five registered nurses in each case, the minimum set out by the Nursing Care Survey Committee to secure adequate nursing care.

These hospitals are being built not only in remote areas but in districts accessible to larger centres with well equipped active treatment hospitals. In consequence there is not only undue expense in such duplication of facilities but a direct invitation to a lower quality of patient care. The ease of modern means of transportation being what it is, there is no longer the necessity of multiplying the number of small hospital units. It would be much less expensive and better for all concerned to arrange in such districts for ambulance and other transportation services to larger centres rather than setting up new small hospitals and thus creating more problems for the public health, nursing and medical fields of administration.

Nurses' Training—Rural Hospital Affiliation

This question is discussed in Chapter 6.

Recommendations

IT IS RECOMMENDED that:

1. The policy of building active treatment hospitals in small centres be discouraged. Such a practice invites poor quality nursing care. It further increases the over-all shortage of nurses. In the light of modern medical practice it is a retrograde step.

2. In order to provide nursing care in rural areas which will compare favourably with that of urban centres, an effort should be made to formulate personnel policies and offer salary incen-

tives to the end of securing well qualified nurses for the staffing of the rural hospitals.

NURSING IN AUXILIARY HOSPITALS

The auxiliary hospitals, a number of which have already been established in the Province, with others to be built in the immediate future, may be described as a type of "chronic" hospital; that is, a hospital for long-term patients who require a measure of professional medical and nursing care, and, in certain circumstances, rehabilitation. The Department of Public Health of the Province of Alberta has stated the purpose of these hospitals as follows:

> The primary objective of the Auxiliary Hospital programme is to provide hospital care; thus the Auxiliary Hospital is a care, treatment and discharge centre. The aim is to provide service to the maximum number of patients in the province requiring such care and to prevent the institution from becoming a custodial care unit. To follow out this aim the care given in the Auxiliary Hospital will involve:
>
> (a) The treatment of patients and their rehabilitation to the extent that the patients can return either temporarily or permanently to the community.
>
> (b) The treatment of those patients who require hospital care for an extended period of time. The patients in this area will have little or no prospects for rehabilitation but will require the skilled nursing and medical care which is available only in a hospital. The treatment given in this situation will normally prevent or delay further deterioration of the patient's condition.

It is clearly laid down that these institutions are not primarily concerned with so-called custodial care. Assessment committees to determine eligibility for admission to these hospitals are charged with carrying out this aim. In formulating such directives it is realized that this field of patient care is a new one and that firmer policies will emerge in the light of experience. The Department's outline of the function of these hospitals, after

reiterating that they are not custodial care institutions such as nursing homes, concludes with these words:

> The Auxiliary Hospitals are not meant for this purpose. They are hospitals like any other hospital, only in slow motion, offering medical care and treatment to those who need it, for as long as they need it, whether for rehabilitation, reactivation or terminal professional medical care.

However, one of the emerging problems in the auxiliary hospital programme is the lack of adequate nursing homes to which patients, no longer eligible for auxiliary hospital care, may be sent.

Listing of Auxiliary Hospitals as at February, 1963

Location	Number	Beds
Calgary	3	300
Cardston	1	22
Camrose	1	86
Claresholm	1	50
Drumheller	1	30
Edmonton	4	519
Grande Prairie	1	50
Lethbridge	1	70
Lloydminster	1	50
Medicine Hat	1	100
Rimbey	1	36
Stettler	1	32
Whitelaw	1	34
Total	18	1,379

New Auxiliary Hospitals Planned for the Future

14 new hospitals and 1 addition to an existing auxiliary hospital.

	Beds
1963	378
1964	530
1965	100
1967	100
Total	1,108

Staffing Organization

This may be indicated broadly by considering the staffing pattern of a new 100-bed Auxiliary Hospital which was reviewed. The staffing of this hospital, as in the others of this type, is still in the process of evolution.

The staff in this Auxiliary Hospital was as follows:

Administrator
Director of Nursing
Supervisors—2
General Duty Nurses—6
Certified Nursing Aides—14
Hospital Assistants—14
Ward Maids—6
Housekeeping Maids
Nursing Orderlies—3

The Administrator and the Director of Nursing will be in charge of three auxiilary hospitals in the area when the organization is completed. The supervisors are registered nurses and are in charge of all areas within the Hospital over the 24 hours. The Auxiliary Hospital Nurses are registered nurses having similar responsibility to General Duty Nurses in general hospitals. The Certified Nursing Aides are responsible for patient care, giving baths and carrying out other specified procedures. The Hospital Assistants have no formal preparation and work in conjunction with the Certified Nursing Aides, and in some instances would appear to be doing the work of nursing aides. They are trained on the job by the Director of Nursing. In the future it is hoped to have a graduate nurse on the staff who will assume this teaching duty. The Ward Maids assist with patient care and are responsible for making beds, dusting and etc. The Nursing Orderlies assist with the nursing care of male patients. Feeding patients is the responsibility of all staff. Central Supply is staffed by certified nursing aides.

The organization of the hospital and the hospital regulations are such as to be able to plan work and keep control over situations as they arise.

Nursing Problems

With the increase in the number of auxiliary hospitals and the rising percentage of aging population in the Province, it is

the opinion of all hospital and nursing authorities that particular attention must be given to the requirements of the auxiliary hospital and to the preparation and distribution of the staff needed to give proper patient care under these circumstances. For one thing, the auxiliary hospital reviewed, as noted above, is using ancillary staff in a much larger proportion than could safely be practised in an active treatment hospital. In thus breaking new ground a great deal will be learned and new values should emerge in the matter of the proper balance and the use of the nursing team.

The auxiliary hospital is a field in which certified nursing aides can be used to full advantage. Already in this new environment these aides in the hospital under discussion are being trained to carry out procedures beyond what is taught in the nursing aide schools, and this is giving rise to differences of opinion at the administrative level.*

In respect to the category of personnel known as hospital assistants, their employment for duties carried out for the most part by certified nursing aides seems to be a dubious practice. Inasmuch as there are certified nursing aides in the larger cities looking for work, we feel that certified nursing aides should be employed for these duties rather than bringing in a new category —hospital assistants.

Representations have been made to the Committee, notably by the Hospital Association of the Province, that nursing aide trainees should receive some of their clinical experience in the auxiliary hospitals. Similarly some of the schools of nursing have suggested to us that student nurses could with advantage spend some time on the wards of the auxiliary hospitals to acquire a knowledge of geriatric nursing.

These and other allied questions are some of the features which require the attention of those responsible for the well-being of the auxiliary hospitals. In their solution rests the success of this forward-looking innovation. That solution will of necessity demand the closest co-operation and consultation between all the agencies concerned—the auxiliary hospital administrations, the active treatment hospitals, the nursing organizations concerned

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* For further discussion of problems pertaining to certified nursing aides see Chapter 10.

with registered nurses, certified nursing aides, nursing orderlies, and the Provincial Department of Health.

The Committee sees great potentialities in the development of these auxiliary hospitals. Only by concerted effort will these hospitals fulfill their purpose and become uniquely valuable institutions and the vital branch of hospital care which was in the minds of those who brought them into being.

Recommendations

IT IS RECOMMENDED that

1. Close attention be paid to the staffing pattern of the auxiliary hospitals and the definition of the duties of the various members of the nursing team giving patient care.

2. Nursing aide trainees should receive some of their clinical experience in the auxiliary hospitals, provided proper instructors are available and an adequate standard of nursing care is demonstrated.

3. The auxiliary hospitals should be used as a clinical field in the training of student nurses in geriatric nursing care, provided proper instructors are available and an adequate standard of nursing care is demonstrated.

4. The present practice of employing people in the category of hospital assistants be abolished. This introduction of individuals without any training whatever into the area of intimate nursing care in a hospital is a dangerous practice and violates the basic principles of nursing and medical practice.

PRIVATE DUTY AND OFFICE NURSING

In the last thirty years there has been a marked change in the disposition of the forces providing nursing care as institutions have assumed greater importance under the impact of the changes in society and in medical science. Since 1930 the number of graduate nurses in hospitals in Canada has risen fifteen-fold while the number of beds has only about doubled.[1]

In 1959 in Canada, of 68,502 nurses registered, approximately 51,632 were employed in the major fields of nursing as follows:

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[1] Submission from the Canadian Nurses' Association to the Royal Commission on Health Services, March, 1962.

Institutional nursing (including 1,459 teachers in schools of nursing)	40,358	61.4%
Public Health	5,109	7.9%
Private practice	6,165	9.6%
Other areas (office, part-time, etc.)	16,870	21.1%

In nearly every hospital or health unit it may be said that nurses are numerically the largest group of professional people employed. More nursing is needed now per patient than ever before. This increase in the institutional role of the graduate nurse has been paralleled by the proliferation of members of the nursing team as a whole.

The Situation in Alberta

In Alberta statistical data in this connection is relatively meagre but some idea of the cross-section of nursing may be gained from the following data which have been given the Committee by the Executive Secretary of the Alberta Association of Registered Nurses.

As of May, 1962, a study of the membership of the Association on a sampling of 4,600 members engaged in various branches of nursing is as follows:

Institutional nursing	85%
Public Health Nursing	8%
Private duty nursing	4%
Office nursing	2%

Comparable figures for past years are not available. However, some statistics from the Edmonton Private Duty Nurses' Registry give an indication of the trends in this area.

Year	Number on Registry	Total Calls	Breakdown of Calls	
1948	182 registered nurses	2,326	Surgical	1,228
	4 psychiatric nurses		Medical	804
	28 certified nursing aides		Accidents	294
	32 practical nurses			
1951	163 registered nurses	2,592	Surgical	1,646
	3 psychiatric nurses		Medical	814
	31 certified nursing aides		Accidents	130
1956	184 registered nurses	2,654	Surgical	1,428
	10 certified nursing aides		Medical	923
			Accidents	303
1962	225 registered nurses	3,330	Surgical	1,390
	22 certified nursing aides		Medical	1,593
			Accidents	347

The majority of full-time private duty nurses are employed in the cities of the Province. Edmonton, Calgary, Lethbridge and Medicine Hat have operated private duty registries for some time and receive an annual grant from the Association of Registered Nurses at a rate of $2.00 per active member. Based on the grants paid to private duty registries in the cities, the following is a breakdown of the number of nurses on these registries:

1951—457
1956—334
1958—220
1962—328

In the rural areas of the Province there are not sufficient active members to provide for private duty nursing registries, nor are the number of cases sufficient to make such private duty nursing practical. In such districts we find the retired nurses, usually with family responsibilities, responding to the call of the hospital to provide intensive nursing care to the seriously ill patient. There are also times when the rural hospital lacks sufficient staff to provide "necessary nursing care" to the acutely ill especially on afternoon and evening tours of duty. In such circumstances the private duty nurse may be called in. No statistics are available on this type of courtesy nursing in the rural areas.

Not only has there been a marked shift in the alignment of the nursing force but the trends in patient care have been responsible for a definite change in the nature of private duty nursing. Such nurses, as in the case of all nurses, are required to be highly skilled and up to date in the use of new equipment, drugs and procedures. Private duty nurses are called only when hospitals cannot provide the necessary intensive nursing care from their regular nursing staff. It is noted that under the hospital plan necessary nursing care is provided to patients as a benefit. No longer are the majority of calls for "luxury" nursing, which may now be adequately provided by the semi-retired nurse.

The private duty nurses who operate registries have their own organization, the by-laws of which are approved by the Alberta Association of Registered Nurses.

TECHNICIAN NURSES

While some nurses of this type are employed in the Province in the larger hospitals, they do not constitute a very large group. Some examples are:

(a) Intravenous Teams: In certain hospitals nurses are instructed to give intravenous therapy. In such cases the responsibility is carried by the hospital.

(b) Operating room and case room assistants: In some instances certified nursing aides are trained to work in the operating room of the larger hospitals, and in smaller hospitals they are prepared to assist in Surgery and work in the central supply areas. Under some circumstances they are given additional training to scrub or circulate in the obstetrical case room. This provides further channels of development for the certified nursing aide.

However, such practices should be safeguarded by certain rules and regulations:

1. Such aides must be prepared in larger hospitals.
2. In each case the duties of the aide must be clearly defined and supervised.
3. Some authority must assume responsibility.
4. Such aides trained in this way should not be allowed to move to another hospital and accept similar special responsibilities.

MALE NURSES

The concept of general nursing service by male nurses has not yet been widely accepted by the Canadian public. However, it should be noted that male nurses are in a few instances appearing in the nursing ranks in Canada. The schools of nursing will accept male nurses. There is undoubtedly a place for them in the establishment.

CHAPTER 13

MENTAL HEALTH NURSING

Introductory Statement

The situation in the field of nursing care of the mentally ill continues to be a matter of great concern to the nation as a whole.

> "In 1959 there were 1,062 registered nurses employed in psychiatric nursing. The ratio of registered nurses to beds in the general public hospitals is about one to 2.8 patients, while in the mental hospitals it is one registered nurse to every 58.4 patients. In addition there are in the four western provinces 2,453 licensed psychiatric nurses employed in psychiatric hospitals."[1]

The Committee has spent considerable time reviewing the field of psychiatric nursing in Alberta. We have been struck by the confusion, the anachronisms, the lack of uniformity, the divorce from the main currents of nursing, and the many pressing problems which exist.

We realize that many of these conditions are the legacy of the situation which prevailed in psychiatric care in years past when mental hospitals were plagued by inadequate facilities and the difficulty of securing trained staff personnel. At the present time these shadows should have long since been cleared away. And looking at the field of psychiatric nursing care in Alberta at the moment, we cannot escape the conclusion that it still reflects the state of affairs that exists in the larger sphere of psychiatric care in the Province, where, because of many circumstances but particularly a lack of strong coordinating direction, the situation has been allowed to drift, and policies and practices have been carried along from earlier days which are not adequate to meet the demands of the present.

Whatever the responsible factors may be, the inadequacies in psychiatric nurses' training and nursing services are to be seen particularly in:

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[1] Submission from the Canadian Nurses' Association to the Royal Commission on Health Services, March, 1962.

(a) the shortage of registered nurses with psychiatric preparation,

(b) the confined status of the psychiatric nurses and their ill-defined relation to the general body of nursing,

(c) the widely differing and in some instances inadequate personnel pattern of the various mental hospitals,

(d) the absence of a well formulated and coordinated plan for all psychiatric nursing in the Province.

The leaders in psychiatric nursing in the provincial mental hospitals are making an effort to correct these conditions, but they are handicapped by the complexity of the issues involved, by the confusion which prevails, and by the absence of any vigorous central authority which they can invoke. To avoid piecemeal remedies being applied, there is an immediate need to get the whole question into perspective, to apply concerted planning and to relate these problems to the whole establishment of nursing and to every department of psychiatric training and practice in the Province.

Present Establishment

The mental hospitals with their patient strength in the Province of Alberta, as at February, 1962, are as follows:

		Patients
1.	Provincial Mental Hospital, Ponoka	1,264
2.	Provincial Mental Institute, Oliver	1,561
3.	Provincial Training School, Red Deer	703
4.	Deerhome Institution, Red Deer	964
5.	Rosehaven Hospital (Geriatrics), Camrose	510
6.	Provincial Auxiliary Mental Hospital, Raymond	134
7.	Provincial Auxiliary Mental Hospital, Claresholm	112

The total patient strength as of that date was thus 5,248. It is of interest to note that at the same time there were approximately 7,681 patients in the general hospitals of the Province.

The staff complement of the above establishments (excluding psychiatric units in general hospitals) shows a total of 1,427 persons (766 female, 661 male). This represents a staff-patient ration of 1 : 3.7 (total Pattern), or for daily staffing

(allowing for 2 days off for each staff) a ratio of 1 : 5.1. This staff complement does not come up to the standard given by the American Psychiatric Association (1951). At the present time there are vacancies on the staff, and representations have been made to us that study be made of the complex problem of adequate staffing for a sound level of care.

Additional Staff Requirements by 1968

It is estimated that 625 beds will have been added to the mental health facilities by 1968. To meet this situation an additional 672 further personnel will be required. In this projection it should be noted that many factors influencing admissions have already increased the nursing load so that the present staff complement is inadequate. The Directors of nursing care have intimated to us that an augmentation of staff should start now and continue progressively over the next five years, with priority being given to the leadership group.

The addition in nursing care load is increasingly apparent and is directly augmented by the following factors:

1. The increased admission of elderly and physically ill patients who require concentrated nursing care.
2. The large turn-over of the patient population necesitating concentrated observation, recording and treatment in acute treatment areas. At any given time the in-patient count is not an indication of the total nursing load.
3. Convalescent patients need work and play outlets which must be provided by recreation and occupational activities.
4. The continued treatment group requires consistent encouragement and supervision which demand increased time and staff.
5. The increase in the number of out-patients.
6. The juvenile behavior group which requires many nursing hours daily.
7. The co-ordination and direction of the Community volunteers to see that their contribution is effectively utilized.

8. The increasing educational commitments which are difficult to meet without adequately prepared staff leadership.

Administration and Staffing Patterns

The organization within the two larger hospitals—the Provincial Mental Hospital, Ponoka and the Provincial Mental Institute, Oliver, is somewhat similar. However, the latter has a real dearth of registered nurses. The mental hospital at Ponoka with approximately 1,250 patients has in the neighborhood of 60 registered nurses while the Mental Institute at Oliver has on staff only 22 registered nurses with a patient population of 1,560.

There are some curious features in the administrative set-up at the Provincial Mental Hospital in Ponoka. The female side has administration and supervision under registered nurses with psychiatric preparation, while the male patients are under the supervision of psychiatric nurses, and male psychiatric nurses are given preference in this service. Not only that, but the Director of Nursing of the Hospital does not have responsibility for patient care in the male patient area.

Reviewing the administrative and working policies of the mental hospitals at Ponoka and Oliver, there would seem to be an urgent need for uniform organization at both, particularly in the educational programmes offered.

In respect to the present salary practices, in setting a starting salary at the present time, the Director of Nursing is restricted so that no credit can be given for special training or experience. This seriously militates against getting high quality personnel. In this same connection of remuneration, consideration should also be given to travel time and travel expense. At present, with the nursing personnel finding difficulty in securing satisfactory living quarters, there is no allowance for these people having to travel between the City of Edmonton and the Institute at Oliver.

There is a difference of association in the field of psychiatric nursing which in the nature of things is bound to give rise to difficulties. The registered nurses with psychiatric prepara-

tion are members of the Alberta Association of Registered Nurses while the psychiatric nurses, male and female, are members of the newly constituted Psychiatric Nurses Association of Alberta. This latter group—the psychiatric nurses—is equipped to nurse only in mental hospitals.*

We have been discussing the organization in the two major mental hospitals. Mention must also be made of the *Provincial Training School* at Red Deer. This school is operated under the direction of the Provincial Department of Public Health. At the present time there are some 800 patients in the institution consisting of mentally deficient and mentally retarded children. Some require patient bed care while others attend public school classes on the grounds.

Staffing is the responsibility of the matron. The staff consists of the matron, the assistant matron, supervisors, registered nurses, mental deficiency graduates, ward aides (male and female), trainees and domestics. Employees hired as ward aides may become students in the School Course if they so desire after a period of working experience. Registered nurses are required for clinical services in the operating room and in the infirmary.

The course offered by the school is three years in length. Grade XI standing is required of applicants. Lectures begin in September. The clinical experience is provided by an in-service programme. A salary is paid during training of from $230 to $250 per month.

Since 1943 there have been 185 graduates.

Students, male and female, enrolled at the present time are:

First year	55
Second year	34
Third year	22

Those graduating from the course are given a certificate and are known as Mental Deficiency Graduates. They may find employment at the Provincial Training School itself as staff nurses or general nursing personnel or in the higher posts. Openings are also open to them at the Deerhome Institution

* For further discussion of Psychiatric Nurses, see Chapter 16.

in Red Deer or at the Provincial Mental Hospital in Essondale, B.C.

The Provincial Training School has a Medical Director.

At the present time in Alberta the staffing pattern in psychiatric hospitals comprises the following:

—Registered psychiatric nurses (R.N.), (4-year course)
—Registered nurses with post-basic training in psychiatry
—Registered nurses
—Psychiatric nurses (3-year course)
—Graduates in the mental defective field
—Certified nursing aides
—Ward aides or attendants.

We would emphasize again that in this matter of staffing and administration the crying need is for an increased number of trained personnel in both a supervisory and an instructional capacity. Psychiatric nursing can no longer be regarded as a remote specialty, but an essential part of nursing in general which is not only basic but is assuming greater importance every year.

If there is to be an increased supply of psychiatric nurses, there must be more instructional staff in the form of registered nurses with psychiatric preparation to take care of the education of the three-year psychiatric training classes of the establishment. Given such a supply of instructors, the leaders in psychiatric nursing in the Province believe that the supply of psychiatric nurses will keep step with the demand.

Training Programme

At the present time there are offered in Alberta the following programmes for those who are to nurse the mentally ill:

1. A four-year course at the Provincial Mental Hospital at Ponoka, involving two years training in a mental hospital and a similar period in a general hospital, after which the nurse is graduated as a Registered Psychiatric Nurse. Male and female students are admitted to this course. At the present time (1963) there are 48 students in this course, five of whom are male. The number of graduates of this course from 1936 to 1961 is 197, 22 of whom went on to further studies in the University.

2. A six-month post-basic course for registered nurses wishing additional training in psychiatry. This course is given at the Provincial Mental Hospital at Ponoka. This year (1963) there are seven students in this course.

3. A three-year course for male students at the Provincial Mental Hospital at Ponoka from which a student graduates as a Psychiatric Nurse. There are 21 students registered in this course this year (1963).

4. A three-year course for male and female students at the Provincial Mental Institute at Oliver from which a student graduates as a Psychiatric Nurse. There are 53 female and 21 male students registered in this course this year (1963).

5. Both the mental hospitals at Ponoka and Oliver conduct an affiliation programme of eight weeks duration for the student nurses from all the Schools of Nursing in the Province except that of the University of Alberta Hospital whose students receive psychiatric experience in their own hospital. Each institution has approximately 40 students in this programme at any one time.

6. A three-year course in the care of mentally defective patients, offered at the Provincial Training School, Red Deer.

   There is also a two weeks Public Health Nurse affiliation course for graduate students of the University School of Nursing which is offered at the Provincial Mental Hospital, Ponoka and also at the Provincial Mental Institute, Oliver.

Proposed Changes in the Training Programmes

1. It has been suggested that the present registered psychiatric nursing course be reduced from four years to three years. The reasons given for this step are to make the course more attractive by shortening the period of training, and in this way increase the number of graduates in this category. It is pointed out that the Province of Ontario has such a three-year course. The details of the proposed curriculum have not as yet been worked out in any specific way. The plan would involve using the facilities of one affiliating school of general nursing.

The Committee cannot support this proposal as we feel that it would involve too drastic a reduction in basic training which would be mainly in the field of general nursing. At best we do not believe that the course could be cut below three and one-half years. We feel that the proposed curriculum should be submitted to the Committee on Nursing Education of the General Faculty Council of the University before any further consideration be given to such a move.

In this same field of the four-year course, the Committee would recommend that a similar programme be set up at the Provincial Mental Institute at Oliver with adequate provision for the necessary facilities, teaching and administrative staff and patient care in the service areas.

2. A proposal, in conjunction with the Alberta Association of Registered Nurses, concerns the psychiatric nurses, the graduates of the three-year course. It was proposed that those graduates from this course with the required educational preparation be allowed to attend a school of nursing for one year, during which time the student would cover certain additional subjects, and then be permitted to write the conjoint examinations to become a Registered Psychiatric Nurse (R.N.).

While sympathetic to the idea of providing an opportunity for the psychiatric nurse to improve his or her standing and experience, the Committee does not favor such a step. It is not sound educational practice. The numbers participating would be small, the individuals would be mainly male, the additional planning and expense for the school of nursing involved would not be warranted. If some few individuals appear to be anxious and competent to go on with such a course, we would suggest that they be treated as special cases, that a course of two years in a general hospital be arranged for them similar to the programme in general nursing offered students in the four-year programme, and that they be provided with special financial assistance. We doubt, further, whether sufficient students would avail themselves of such a course to argue that such a step "would upgrade the standard of patient care in mental hospitals."

We note that the detailed outline of this proposal has been considered by the Committee on Nursing Education of the General Faculty Council of the University of Alberta and has been approved.

3. A recommendation that the present affiliation programme for student nurses be increased from the present eight weeks to a period of twelve weeks has already been approved by the Committee on Nursing Education, and is in line with the increased emphasis on the psychiatric aspects of nursing. It has not been implemented to date because the necessary instructors and facilities have not been available. It will presumably be put into operation when circumstances permit. We as a Committee are left wondering how such a period of affiliation can be worked out in conjunction with the other proposals which are being made for affiliation in such areas as rural nursing, and in the light of the forceful arguments which are being put forward to shorten the three-year diploma programme.

In regard to psychiatric affiliation, it should be pointed out that psychiatric nursing experience is now in effect in all schools of nursing in the Province, but is not mandatory.

4. At the present time the post-basic courses in psychiatric nursing are the responsibility of the Provincial Mental Hospital at Ponoka. It has been recommended that such courses be organized under the aegis of the School of Nursing of the University of Alberta. The Committee believes that this is sound practice and would second such a suggestion.

Recommendations

We may summarize and give point to the foregoing by listing the following recommendations:

IT IS RECOMMENDED that:

1. The number of registered nurses at the Provincial Mental Institute at Oliver be increased.

2. A uniform type of nursing organization be established at the Provincial Mental Hospital, Ponoka and the Provincial Mental Institute, Oliver.

3. Nursing administration be standardized on the Men's and Women's Wards, and all nursing personnel be made responsible to the Director of Nursing.

4. More liberal regulations be set up governing the initial salary practices.

5. Consideration be given to travel time and travel expense.

6. Better liaison be established between the Alberta Association of Registered Nurses and the Psychiatric Nurses Association of Alberta.

7. A plan of action be formulated involving all the agencies concerned to secure more supervisory and instructional personnel.

8. The present registered psychiatric nurses' course be not reduced from four years to three years as proposed.

9. A registered psychiatric nurses' four-year programme be set up at the Provincial Mental Institute at Oliver.

10. The scheme to have a graduate of the three-year psychiatric nurses' course take one supplementary year and then be permitted to write the conjoint examinations for the qualification of registered nurse be not implemented as proposed and approved.

11. Further consideration be given to increasing the present psychiatric affiliation programme to a period of twelve weeks only when circumstances permit.

12. The post-basic courses in psychiatric nursing be organized under the aegis of the School of Nursing of the University of Alberta.

13. Whereas it would appear that the three-year course for psychiatric nurses at both major institutions and for mental defective nursing were developed to meet contingencies, lack uniformity and at the present time are not under any well-defined central or academic control, that

These courses be studied carefully, be standardized and subsequently be brought under the Provincial Council of Nursing.

Summary Statement and Recommendations

In the opinion of the Committee more is needed in this important field of nursing than the adoption of a number of separate recommendations touching various aspects of a complex professional area. Indeed, recommendations set out above point up a much larger consideration to which we should address ourselves.

We have been strengthened in this conclusion by studying the Brief which was prepared by psychiatric nursing leaders in the Province for the Alberta Association of Registered Nurses for submission to the Royal Commission on Health Services. This is a most comprehensive study of all aspects of psychiatric nursing education and care in the Province. It reviews in detail the whole establishment, stresses the faulty co-ordination of the mental health services, outlines the vital areas in which the increasing demands are not being met, makes a strong plea for programmes of research and inquiry. The Brief shows an intimate and imaginative grasp of the whole situation and spells out in detail the degree to which we are failing to meet the challenges involved.

The most significant part of this presentation is that which advocates the necessity of preparing a Master Plan to deal with all the problems in this field. This is developed along the following lines in the Brief.

These psychiatric nursing leaders recommend:

"That a Master Plan should be formulated by those responsible for mental health services, including representation from all the various groups which contribute to meet the present and future health and welfare service needs for preventive care and rehabilitation of the mentally ill in this Province.

That first priority should be given to the assessment and redistribution of patients now under care; community facilities for mental health programmes; and rehabilitation programmes.

That preparation of adequate numbers of all types and levels of personnel should be an integral part of such a Master Plan.

That in the planning, organization and co-ordination process we concentrate on the right of the individual to independent function at as high a level as possible. Much of the present flow of patients to mental hospitals would not be necessary if adequate preventive and supportive services were provided in community facilities. Thus the mental hospital could concentrate on specialized psychiatric care for those patients in need of that service."

The Committee has reviewed the above-mentioned Brief and in view of these circumstances, and, more specifically, in view of:

1. The apparent psychiatric nursing shortage in the course of the next five years,
2. The inadequate number of registered psychiatric nurses (R.N.) from which supervisory personnel and leaders in psychiatric nursing are recruited,
3. The difficulties and uncertainties prevailing in the existing training patterns,
4. The restricted field of the psychiatric nurse,
5. The salary arrangements,
6. The present personnel policies,
7. The shortage of administrative, supervisory and instructional staff,

the Committee would make the following summary recommendation.

IT IS RECOMMENDED that:

A Special Committee be appointed at the earliest possible date, to be composed of three individuals with authority to draw on consulting authorities; and that such Committee be empowered to review the existing psychiatric nursing field in the Province, and to make suggestions, particularly in regard to the following:

(a) the staffing and administrative patterns and the personnel policies.

(b) the various training programmes.

(c) the status and the relation within the nursing profession of the psychiatric nurse.

(d) the consideration of conditions of work and salary schedules to the end of encouraging professional nurses to seek employment in mental hospitals.

(e) the improvement of personnel policies to provide the necessary incentive to attract well qualified personnel where mental hospitals exist in less accessible areas.

(f) the formulation of a Master Plan to co-ordinate all the mental health services in the Province.

CHAPTER 14

PUBLIC HEALTH NURSING

Introduction

In few fields of nursing in Alberta does the need for such comprehensive reform exist as in Public Health Nursing. Yet statistics indicate that 98 per cent of Albertans have available to them some measure of public health nursing service. This is a figure of which the province might well be proud, providing such service were consistently adequate, both in quality and quantity.

However, adequate public health nursing services do not just "happen." They must be carefully planned and directed by knowledgeable, practical, wise, progressive and flexible people who are capable of gearing the programme to the needs of society and who have the courage, foresight and authority to modify it in the light of current social developments.

In all organizations whose purpose it is to provide public health services, the numerical majority of the working force is nursing personnel, and indeed, to a great many citizens, the public health authority is their public health nurse, since all public health services they have needed have been channelled to them through her. Her function is to give personalized, direct service, and she provides it on a family-centred basis to individuals and groups in the home, in the school, in public health centres and in industry. In addition, she interweaves her service with those of other health and allied workers to facilitate the effective use of all available services by those who need them, and shares in the total community health programme. Her role is broad, her emphasis not confined to alleviation of disease states but rather to promotion of healthy, more productive living.

Public Health Organization

To carry out her broad function, she works within the framework of public health organizations and agencies. These have been established at all levels of government, and also in order to meet special needs, additional organizations such as industries and visiting nursing agencies have engaged public

health nurses. Public Health nursing positions established in Alberta, by employing agency, are listed in Table I.

Of the total provincial establishment of 389 public health nursing positions, 255 or almost two-thirds, are found in local health departments. This group, therefore, is responsible for providing the greater part of public health nursing services to the people of Alberta. Yet it is within the general organization of this group that the greatest discrepancies exist and comprehensive measures of reform are needed. Details of this situation and suggested measures to alleviate it are outlined in a later section of this chapter.

Public Health Nursing Organization Within Health Agencies

It has been noted earlier that public health nurses comprise the largest group of personnel employed by any agency whose specific purpose is the provision of public health services. This implies that other kinds of health personnel function as part of the public health team. These include the public health physician—administrator, the sanitary inspector, the clerical personnel, the public health dentist, the dental hygienist, and, depending on the size of the agency, certain other kinds of personnel such as the mental hygienist, the speech therapist and the public health-oriented social worker, all of whom bring their special skills to enhance the effectiveness of the team. Public health nurses bring their skills, knowledge, and tools which are unique to them, and because of their numbers within the total team, effective administration demands organization within their ranks. Thus, senior public health nursing positions have been established to co-ordinate and promote the functioning of the nursing group. It would be ridiculous to state that the senior public health nursing position should be filled by any other kind of person than the experienced, highly capable public health nurse who, in addition, has leadership qualities and special skills in public health nursing administration and supervision. Any other type of incumbant is limited in the contribution he or she is capable of making to the over-all administration and to the nursing staff who expect from this person stimulation and guidance to improve their capabilities and thus enhance their job satisfaction.

TABLE 1

Public Health Nursing Positions In Alberta, December 31st, 1962, By Employing Agency and by Qualifications of Current Incumbent

Employing Agency	No. of Positions	Qualifications of Incumbent		
	Total	With Public Health Prep.	Without Public Health Prep.	Vacancies
Prov. Dept. of Public Health	23			
Central Admin.	2	1	—	1
Municipal Nursing	15	4	9	2
Div. of Soc. Hyg.	6	3	3	—
Local Health Depts.	255			
23 Health Units	140	70	65	5
City of Calgary	53	52	1	—
City of Edmonton	62	23	39	—
Health Branch, Dept. of National Health and Welfare	27	14	11	2
Victorian Order of Nurses (4 branches)	24	18	6	—
T.B. Control (Kinsmen Club)	5	1	4	—
Industry*	55	7	48	—
TOTAL	389	193	186	10

* Not all industries providing health services to their employees require the services of a public health nurse. Some industries whose nursing positions are counted in the above total do not purport to have an Occupational Health Programme.

Table II provides information with regard to senior public health nursing positions in agencies in Alberta.

On the 43 positions designated by agencies as senior posts, only 7 or 16 per cent or approximately one-sixth of the incumbents have the required advanced preparation, while 10 or 23 per cent hold no qualification in public health nursing. Further reference to Table II illustrates the desperate situation with regard to qualifications of senior public health nursing personnel in local health departments. With their establishment of 35 of the 43 senior positions, only 11 per cent of their senior

TABLE II

Senior Public Health Nursing Positions* in Alberta, May 1st, 1963

By Employing Agency and by Qualifications of Incumbent

Employing Agency	No. of Public Health Nursing Positions	Qualifications of Incumbent: Advanced Prep.** in Public Health Nursing	Basic Public Health Nursing Preparation	No Public Health Nursing Preparation
Provincial Dept. of Public Health	2	2		
Local Health Depts.:				
24 Health Units	16	1	13	2
City of Calgary	4	1	3	
City of Edmonton	15	2	5	8
SUB TOTAL	35	4	21	10
Health Branch, Dept. of National Health and Welfare	3		3	
Victorian Order of Nurses	3	1	2	
TOTAL	43	7	26	10

* Includes all positions above staff level including P.H.W., Directors, Supervisors, Senior Nurses, Charge Nurses, etc.

** Advanced Preparation means that the incumbent holds a University Degree or a Diploma in Public Health Nursing Administration and Supervision. All such incumbents have the prior qualifications of a University Diploma or Degree in basic Public Health Nursing.

nurses have had advanced public health nursing preparation, while the ten with no public health nursing qualification are concentrated in these agencies. In addition, eight Health Units designate no senior position. Six of these employ more than one nurse, and in fact, show from three to eight public health nursing positions, or a total of 30 positions. It must be assumed, therefore, that no particular public health nursing guidance is available to this group of thirty. Not only does this situation limit senior opportunities to which public health nurses may aspire in Alberta, but it tends to cast doubt on the progressiveness of the organization itself, this proving a deterrent to recruitment and retention of qualified public health nursing staff.

Personnel Policies as Incentives to Recruitment and Supply of Qualified Public Health Nursing Personnel

In order to recruit and maintain public health nursing strength, attractive nursing personnel policies are essential. Public health agencies compete not only among themselves but also with similar agencies beyond provincial borders for the limited supply of available public health nurses. In addition, in Alberta, they find themselves vieing with hospitals and other agencies, not necessarily concerned with nursing services at all, for nurses prepared in public health, since they have found them to be useful, flexible and resourceful people who fit almost too readily into occupations other than that of public health nursing. Unfortunately for the public health nursing scene, some hospitals have made a concerted effort to recruit nursing instructional and supervisory staff from among public health nursing ranks, and as an enticement, have recognized formal public health nursing preparation as the equivalent of preparation in Teaching and Supervision in establishing salaries. It is pointed out that although these two preparations have a common core, they are as drastically different as the kinds of responsibilities inherent in each of the fields. The nurse qualified in Teaching and Supervision is not deemed to be qualified in Public Health Nursing, nor is the nurse qualified in Public Health Nursing deemed to be qualified to assume Teaching or Supervisory responsibilities in nursing school or hospital.* It is agreed

* Certain hospital nursing positions are excepted, e.g., in Out-Patient Departments, hospital health services and teachers of public health nursing subjects.

by nursing authorities that preparation and responsibilities in each of the situations are comparable, and if each is employed in the position for which she is qualified by her preparation, salary ranges for each situation should be essentially the same. Unfortunately discrepancies exist.

Table III presents some information regarding the salary situation in public health nursing staff level positions in Alberta. In view of the wide differences in salary ranges and policies affecting particularly the beginning public health nurse in making her selection from among a wealth of employment opportunities, it is no wonder that some public health agencies experience extreme difficulty in recruiting qualified nursing staff. On the other hand it is encouraging to note the substantial differential existing between staff nurse salary ranges based on the public health nursing qualification. This policy common to all public health agencies does much to encourage nurses to obtain basic qualifications and indicates appreciation by those responsible for the setting of salary policies of the value of this preparation to the standard of service provided by the agency. A further commendable related policy established by one health agency to augment its numbers of qualified nursing staff is that of applying a range with only two possible annual increments to new unqualified nursing employees, thus stimulating them to improve their qualifications.

In considering salary scales for senior public health nursing positions, such variation exists between one type of public health agency and another, and among agencies of the same type, that attempts to prepare a comprehensive tabular presentation are defied. However, close scrutiny of available information indicates appreciable overlapping of the senior range. This is illustrated by information taken from the *Order in Council 1404/62: Position Classification and Salary Schedule No. LHS 5 for Employees of Local Health Services (Cities, Health Units and Municipal Nursing Services) Effective 1st April, 1962:*

Senior Nurse with basic public health nursing preparation but no advanced preparation in health units of less than 40,000 population	$4320-4500-4740-4980-5220-5460

Staff nurse with basic public
health nursing preparation. $3960-4140-4320-4500-4740-4980

It is apparent that little salary incentive exists in this situation to encourage nurses to assume senior responsibilities. Further, if the qualified public health nurse obtains advanced preparation in Public Health Nursing Administration and Supervision, her recommended range is as follows:

$4740-4980-5220-5460-5700-5940

In comparing this range with that of the senior nurse lacking advanced preparation, and noting that the two ranges overlap for four of the six years, incentive to obtain advanced public health nursing preparation is minimal. It must be pointed out that in order to complete the programme in Public Health Nursing Administration and Supervision, this nurse, with her background of basic public health nursing preparation and the required working experience, not only must meet academic and living expenses, but she also foregoes the salary she would have earned as a staff public health nurse with several years of experience. In relating this matter to Table II, one reason for the shortage of qualified incumbents in senior public health nursing positions is readily discerned.

Responsibilities of Public Health Agencies in Public Health Nursing Education

Public health agencies are consistently generous in the assistance they offer toward the preparation of qualified public health personnel. They provide the practice field for public health nursing students. Certain benefits to the agency are inherent in this venture. It enhances the competence of the student by giving her the opportunity to apply in the real situation the knowledge and skills acquired in the formal portion of her course, under the guidance of qualified experienced public health nursing staff. This competence she brings to her employing agency at the completion of her programme. There is no doubt, too, that public health agencies use field practice as a recruitment opportunity. In the face of current or expected nursing vacancies, they would be neglectful of their duty if they omitted to take every opportunity to maintain their nursing complement. However, benefit derived from field practice depends on the quality of the public health nursing services in

TABLE III

Public Health Nursing Staff Salary Ranges in Alberta, as of May 1st, 1963 by Agency and by Qualifications of Incumbents

Agency	Qual. of Incumbent	Salary Range	Remarks
Dept. of Public Health Municipal Nurses	R.N.	3780-3960-4140-4320-4500-4750	Some recognition of previous public health experience.
	P.H.N.	4140-4320-4500-4740-4980-5220	An additional "Isolation Bonus" of up to $600 may be paid, subject to the approval of the Minister of Health. Living quarters including light, heat, water and telephone are provided for the nurse.
Health Units	R.N.	3480- 6 yrs. 4320	Some units establish differentials between the degree and diploma qualifications in public health nursing. Some extend range beyond 6 years.
	P.H.N.	3960-4440 (minimum) 6 yrs. 4980-5820	
City of Edmonton	R.N.	3600 4320	5 year range.
	P.H.N.	4140 4980	5 year range.
City of Calgary	R.N.		
	P.H.N.	3900- 4 yrs. 4716	
Dept. of National H. & W. Indian HealthServices	R.N.	3450+allowances—4 yr. range	Allowances depend on location, special responsibilities of the position and recognized specialty and experience.
	P.H.N.	4020+allowances—4 yr. range	
Victorian Order of Nurses	R.N.	3600—5% per year	Range is "open-ended."
	P.H.N.	4140—5% per year	
Hospitals*		Minimum 4140-4740	Instructor's positions. Starting salaries in accordance with degree or diploma, need, nursing experience and expediency.

*Not necessarily Public Health Nursing positions.

which that practice takes place. In view of the foregoing problems with regard to qualifications and stability of nursing staff, quality and quantity of supervision, standards of programme, etc., opportunities for adequate field practice are limited. Yet the student who is the potential future staff member is greatly needed by those very agencies to prevent perpetuation of some of the existing discrepancies. In order to alleviate this situation,

The Committee recommends:

Whereas the greater number of public health nursing positions in Alberta exist in local health departments and,

Whereas in the aggregate, these departments have need of the greatest number of recruits each year to fill vacancies,

That local health departments be evaluated by a team of public health experts from the Consultant Service of the Canadian Public Health Association and,

That based on this evaluation, a large urban-rural health unit be designated and assisted to become a demonstration and teaching unit and,

That special efforts and monies be directed to it to establish and maintain such quality of public health programme and services as would enable it to serve as a functioning pattern for other public health agencies.

Detailed Information Regarding Public Health Agencies Employing Public Health Nurses in Alberta

1. **The Health Branch of the Department of National Health and Welfare**

In Alberta the Health Branch of the Department of National Health and Welfare maintains 27 public health nursing positions. One position, administrative in function, is the post of Nursing Liaison Officer within the Medical Services Directorate. Within one of its divisions, Indian Health Services, two supervisory and 24 staff public health nursing positions have been established.

Staff public health nurses are assigned to provide public health nursing services to the 22,000 treaty Indians within the boundaries of this Province. A ratio of one nurse to approximately 900 Indians is presently maintained. Preventive services

emphasizing education in healthful living are given on a family and community basis in conjunction with a minor treatment service designed to prevent development of illnesses of a more serious nature.

Recruitment for staff positions is carried out both locally and centrally. Graduate nurses without public health nursing preparation may be employed in areas in which adequate public health nursing supervision is available, providing the applicant is able and willing to become qualified in due time. Bursaries to assist such nurses are available in limited numbers from the Indian Health Services Division, but needs for bursaries far exceed the supply. However, nurses are encouraged to finance their own educational program whenever possible, and to such nurses, leave of absence with retention of pension privileges may be granted. Provision of this incentive to return to the agency has proved in practice to be of considerable value.

Opportunities exist for transfer from one public health nursing position to another within this government service. Thus nurses who desire change in area or type of programme are able to satisfy their wishes without loss of tenure or change of employer. Opportunities for advancement within the agency are open to those with suitable potential who are encouraged in competition to appear before a knowledgeable selections board. Bursaries for advanced preparation for senior positions are provided, based on staff and service needs.

At the present time no appreciable expansion in the establishment of public health nursing positions is foreseen by this agency. Concentration on improvement of qualifications among present staff is the current plan.

In analyzing policies with regard to salary within this agency, it is pointed out that recognition is given to certain specialty courses as well as basic public health nursing preparation. In addition, applicable nursing experience is recognized. An Isolated Post Allowance depending on location, to partially compensate for a prevailing higher cost of living, may be included in salary.

Within the Alberta scene salaries set by this agency appear to be in line with those of other agencies employing public health nurses. However, this agency experiences the common

difficulty of having to compete with other provinces and states where higher salaries prevail for the limited supply of qualified public health nurses.

The Alberta Department of Public Health

The British North America Act places responsibility and authority for provision of basic health services to the people in the hands of provincial governments. Some governments in turn have delegated a portion of this authority and responsibility to local governmental authorities. Alberta made such delegation in terms of its *Health Unit Act, 1955.* However, it contributes substantial monies to these local health authorities and for the fiscal year, April 1st, 1961 to March 31st, 1962, contributed grants to the amount of $922,000 to the total of $1,700,000, the total cost of operating the 24 local health units. In making grants of such magnitude toward the provision of public health services, the Provincial Department of Public Health must retain responsibility not only for assuring that the monies are wisely spent but also for assisting local health departments to establish, improve and modify public health services to meet currently recognized standards of good public health practice. In sister departments such as Education, consultants in general and special fields are maintained whose duty it is to assess standards, and to make specific recommendations with authority to local personnel.

In Public Health Nursing the Provincial Department maintains two consultant positions, namely, the Director of Public Health Nursing and the Nursing Consultant in Maternal and Child Health. The Director of Public Health Nursing, while acting as adviser on public health nursing matters within the department and government, has a dual role in her relationship to local health services. She has direct responsibility for recruitment and supervision of Municipal Nurses (See next page), and she provides consultative and advisory public health nursing service to personnel of local health departments at their request. Her position as presently established embraces no direct responsibility or authority, and the assistance she is able and anxious to give toward the establishment and maintenance of standards of good public health nursing practice is not fully utilized. Yet in considering the local situation as it concerns public health nursing, with 42 per cent of its filled positions

held by unqualified nursing personnel (See Table I), and with local skilled nursing supervision almost non-existent, the urgent need for help at the consultant level is readily apparent. On occasion local administrative difficulties have stood in the way but in any event the time of one person is insufficient to provide the amount of concentrated service required, even on the present "request" basis. Also, in the present situation there is no assurance that the consultant services provided will result in any action toward improvement of local public health nursing services.

Therefore, the Committee recommends:

That the Nursing Section be expanded to include at least three well-prepared and experienced public health nursing consultants in addition to the Director of Public Health Nursing and,

That their duties be clearly defined and,

That definite responsibility and authority be assigned to them, recognized at both provincial and local levels and,

That their direct concern be such matters as quality of nursing service, recruitment of personnel, staff orientation and in-service education, facilitation of the development of nursing programmes, provision of leadership to senior public health nurses to assist them to elevate standards of public health nursing practice through more efficient use of supervisory methods and tools, and,

That these consultant positions be established in addition to the existing consultant nursing position in Maternal and Child Health, which embraces functions in both public health and hospital areas of nursing, but,

That to the Maternal and Child Health Nursing Consultant be attached the responsibility and authority to work with local health departments to help to raise public health nursing standards as they pertain to programmes for Mother and Child.

Certain direct responsibilities for health care have been retained by the Alberta Department of Public Health. Some of these responsibilities concern public health nursing, and involve the maintenance of 15 positions in Municipal Nursing Districts and six public health nursing positions within the Division of Social Hygiene. (See Table I).

Municipal Nursing positions initially were established to provide certain preventive and treatment services to geographically isolated populations which were relatively inaccessible to qualified medical care.

Incumbents in these positions are required to apply their nursing knowledge and skill to the best of their ability to the field of medical diagnosis and treatment, to initiate and carry through the therapeutic plan for some patients, to refer those who require care beyond their capabilities, and to have the wisdom to know the difference. Since this kind of responsibility includes duties foreign to the accepted nursing function, few nurses are willing to assume it. Thus, difficulties are encountered in keeping these positions filled. However, as the province has developed, the need for this kind of service has diminished. Fortunately, physicians are establishing practices in an increasing number of previously isolated areas, and in others, improved transportation facilities and roads which are passable year round, permit patients to be brought to a centre for the medical care they need. Consequently, the number of municipal nursing positions has decreased. In addition, ten of the fifteen presently existing positions have been incorporated into areas covered by Health Units. All municipal nurses are responsible to the Director of Public Health Nursing for their treatment services, but the nurses in the ten posts within health units are responsible to their Health Unit Medical Health Officer for their preventive service. It is expected that further curtailment of municipal nursing services as such will take place to the point where these positions become orthodox public health nursing positions in which demands for diagnostic and treatment service are referred to the proper authority.

The Division of Social Hygiene employs public health nurses to carry out some of its epidemiological and related services. Six of these positions have been established and are located in Edmonton, Calgary and Lethbridge. No expansion of this group is being considered at this time.

Local Health Departments

As already indicated the two city health departments and twenty-four health units employ the greater number of public health nurses in the province. These local health agencies are

established and operated under terms of the *Health Unit Act, 1955*. They are administered by a Health Board composed of elected representatives of participating municipalities. The Health Board provides for the office accommodation and equipment, appoints staff, and determines the services to be provided under provisions of the Act. A salary survey committee of the Provincial Government sets a permissive minimum schedule of salaries for public health personnel for the guidance of the local Health Boards.[1] On this schedule the Public Service Pension scheme is calculated. The local health department budget is composed of Provincial Grants based on number and density of population plus local monies in the amount of at least two-thirds of the provincial grant, with the remainder of monies necessary to operate the local health department being the responsibility of the local authority. In pursuing further the provisions of the Health Unit Act, it is noted that regulations governing handling of funds by health units, prescribing types and level of service to be provided by health units, governing conditions of employment of staff, requiring submission of reports, etc., may be made by the provincial authority. Further, the Act provides that a health unit may be abolished at any time on order of the Lieutenant-Governor in Council. With specific regard to public health nursing matters, the Act requires that the Board appoint a member of the nursing staff on the health unit to be supervisor, a provision not apparently complied with in six units having more than one nursing position.

Wide variation is apparent in comparing work load carried by individual public health nurses within local health units, and it is beyond the scope of this report to assess the adequacy of numbers of public health nursing positions within Health Units and City Health Departments. A broad standard ratio of one nurse per maximum of 5,000 population where the nursing programme includes a complete family service exclusive of bedside nursing, serves as a rough yardstick in computing requirements for public health nursing staff. It must be adjusted in terms of specific area factors such as density of population, health problems, difficulties in communication, etc. On population basis alone, without consideration of any other factors, about

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(1) *Bill 60: A Bill to amend the Health Unit Act.* 5th Session, 14th Legislature, Alberta, 1963.

50 per cent of Health Units have insufficient positions in their present establishments.

Further, as population increases, new public health nursing positions to maintain the present level of service, are being created at a rate of between 10 and 20 per year. If, in addition, public health services were brought up-to-date and extended in keeping with past and current advances in the public health field, particularly as they relate to mental health, geriatrics, long-term illness as well as convalescent home care needs, numerical increase in public health nursing staff requirements would be augmented considerably.

In considering qualifications of public health nursing staff employed in these agencies, much constructive thought has been given by some of the administrators to ways and means of overcoming shortages, since quality of service as well as future programme planning are recognized to be dependent on upgrading of qualifications where necessary of this major portion of health unit staff.

To augment this problem in areas covered by health units, there is a wide discrepancy in distribution of qualified staff varying from the health units in which all nursing personnel have public health preparation to those in which no nurse member has preparation beyond graduation from a hospital school of nursing. In practice this situation tends to perpetuate itself, since choice of positions is wide. In areas in which the public health nursing service is carried predominently by nurses unprepared in public health, differences in standards of service, breadth of programme, incorporation of new programmes in keeping with current trends, and in quality of supervision are readily apparent. In the opinion of nurses who have had a period of work experience in public health both preceding and following their taking the public health nursing course, the difference is reflected in the way in which the nurse views her total task. The one whose preparation has been confined principally to the care of the ill individual in hospital has a narrower view of the scope of the public health programme. Where groups of nurses with like preparation are in the majority within the health unit team, their influence on the total public health programme is readily discerned.

In recent years encouragement to improve qualifications by means of bursaries and leaves of absence without loss of tenure has been offered to nurses employed by certain of these agencies to enable them to secure the public health qualification. As a result the percentage of qualified public health nurses has risen appreciably in certain specific localities. In other local health departments, intention to become qualified within a certain set period of time (e.g. 2 years) has been established as a condition of employment. This in turn is resulting in improvement of qualifications within these certain agencies since it prevents positions being held by those who are not willing or able to become qualified. This is deemed to be a major step toward encouragement of fully qualified staff.

However, in order to assist a sufficient number of nurses to become qualified, substantial bursary assistance is necessary. Details of recommendations regarding needs for bursaries for both basic and advanced preparation are outlined in Chapter 21.

However, there remains a corps of nurses presently holding public health nursing positions who, because of family or home responsibilities, financial commitments, lack of university entrance qualifications, without incentive or ability to make up their deficiencies, or general lack of interest and stimulation, fail to seek basic public health nursing preparation. Some of these have given long and faithful service within their knowledge and capabilities. Careful screening of this corps with a view to encouraging those who could to become qualified would reduce the number of the unqualified group. Prevention of their being replaced by nurses in similar circumstances could be effected by tightening employment conditions.

In all fairness it must be pointed out that the available supply of public health nurses never has been able to meet the need. Not only must new positions be filled but replacements must be found in ever-increasing numbers. Staff turnover in official agencies in Alberta takes place at a greater than normal rate for reasons hereinafter outlined. Thus, in order to keep positions filled insofar as possible, employers have been forced to draw from the larger group of graduate nurses. Thus, primary concern on the part of the Local Health Board may be for the stability of the individual should she assume the post, rather than for her potential as an able public health nurse. In fact, nurses have been discouraged from taking the university course in the

pressure to keep positions filled. If health unit boards would consider hiring temporary replacements for the period during which their staff member was at school, with the assurance that the latter was committed to return to that unit, this difficulty could be overcome.

Among public health nursing staff, as among any group of young, energetic, ambitious and professionally prepared women, opportunities for a wide spectrum of challenging careers are readily available and widely advertised. In all parts of the world, a broad choice of satisfying, remunerative positions are open, particularly to those who, in addition to academic preparation, have had a subsequent period of public health nursing employment. Alberta must compete to retain this group and also to recruit from outside the province a similar group, willing to expend their efforts locally. At the present time qualified but inexperienced public health nurses tend to use certain agencies in this province as a stepping stone to employment beyond its borders. Based on studies of public health nursing staff turnover on this continent, an agency normally may anticipate replacement of one-quarter to one-third of its nursing staff annually. Normal resignations for reasons of marriage, home responsibilities, and healthy desire for continuing professional growth through varying experience and additional preparation are acceptable and expected. However, in Alberta resignations occasioned by dissatisfaction with the work situation caused by lack of professional stimulation, inadequate guidance, stagnation of programme, unenlightened personnel policies or lack of opportunity for advancement, are sufficient in number, in addition to those normally expected, to demand attention.

Earlier, outlined in this chapter, attention has been devoted to the lack of qualified leadership, especially evident in health units and city health services.

It is further pointed out that since in most instances selection for senior posts is made from within the ranks, and should be based on qualifications, demonstrated leadership ability and willingness to assume additional responsibility, rapid turnover among staff nurses narrows selection. Further, because of lack of adequate public health nursing supervision, nurses with leadership potential may not be discovered. Those nurses become frustrated and tend either to seek employment in a better

organized nursing field, or in another public health agency in which, in their opinion, development of their potential is more likely to occur.

Unfortunately some senior public health nursing positions may be held by virtue of seniority rather than demonstrated ability and adequate qualifications. A staff nurse soon learns the limits of the ability of her supervisor, and attaches to the position a like amount of status. Re-assessment of the entire matter involving senior responsibilities and staff appointed to carry them requires immediate attention. Because it is not confined to an isolated situation, it becomes a provincial matter and should be carried out by the Office of the Director of Public Health Nursing at the provincial level, with a view to defining duties, considering needs and recipients for bursaries for advanced preparation and plans for subsequent placement.

Efforts directed toward recruitment and retention of nursing staff are the current and continuing tasks of local health departments. Frequent modification of personnel policies to keep pace with changes in allied fields is necessary. In Alberta several years elapsed prior to the issuance of the latest revision of salary scales, information from which appears earlier in this chapter. Thus, local health departments, aware of the competition they faced for nursing staff, were already offering salaries equal to or in excess of the 1962 revision, prior to its issuance. On the other hand, some health boards who had not raised salaries beyond sums mentioned in the previous schedule, were embarrassed by the significant increases recommended.

Because health unit boards are free to set their individual salary schedules, a wide variation of schedules is in effect. Particular discrepancies from one unit to another are noted in starting salaries for public health nurses with no experience. There is no doubt that these discrepancies influence the newly qualified public health nurse's decision to accept employment in one unit and discourage her from another, since her preference for a working area is not usually well-defined at this stage of her career. Available information reveals the fact that less affluent areas tend to offer less attractive salaries and have most difficulty in recruiting and holding qualified nursing staff. Yet some of these same areas, perhaps less attractive from the points of view of accessibility, cost of living, social life,

etc., would require, to compete adequately, the most favourable of salary schedules.

In view of the foregoing,

The Committee recommends:

That the whole matter of salary schedule paid by the two city health departments and the 24 health units be subjected to serious scrutiny, with a view to standardizing schedules, and further that:

In areas experiencing great difficulty in recruiting qualified staff, certain bonuses be considered, but these to be considered apart from the regular salary scale, and further that:

The salary range for the graduate nurse in the public health field be shortened as a means of stimulating this group to seek preparation.

The Victorian Order of Nurses

The Victorian Order of Nurses, a Canada-wide voluntary organization, maintains four branches in Alberta at Edmonton, Calgary, Lethbridge and Medicine Hat, with a total establishment of 24 public health nursing positions. (See Table I).

Service given by the Victorian Order is primarily that of bedside nursing in which skilled nursing care is given to patients in their homes on a visit basis, combined with a programme of health teaching geared to the needs of the patient and his family. In certain branches, pre-natal classes, a field in which the V.O.N. pioneered, are carried out. Referral programmes have been organized with certain hospitals (See Chapter 15), to provide continuing care to suitable patients discharged home from hospitals, making possible earlier discharge and consequent better utilization of hospital beds.

The service is supported by monies raised through Community Chest drives, provincial grants and fees for service.

In order to carry out this kind of service effectively, the V.O.N. seeks to appoint prepared public health nurses to all positions. Because of current shortages, some staff positions are held by graduate nurses without this preparation. However,

this agency provides, through its national headquarters, adequate bursaries to assist suitable candidates to attend University. Bursary recipients agree to a commitment of two years of service, in return for the assistance, at the completion of their course. Bursaries for preparation in Public Health Nursing supervision and administration are also available to public health nurses who have demonstrated leadership ability within the V.O.N. service. Opportunities for variety of experience and for advancement are great, and nurses are encouraged to develop their individual potential through planned staff education programmes, attendance at short courses relating to new developments and programmes in the public health field, and through planned placement and transfer.

Financial remuneration within this service is indicated in Table III. Opportunity to advance through employment with increasing responsibility proves a primary drawing-card to this service.

It is to be noted that, in order to provide this service in the four Alberta centres, it was necessary to transfer from branches in other provinces, nine of the current staff of 24, since insufficient numbers could be recruited from within the province. Each year one or two nurses have attended the public health nursing course at the University of Alberta on V.O.N. bursary. However, in order to compensate for normal staff turnover, this province does not produce for this agency the number of qualified public health personnel required to maintain the present level of service. Each year about fifty bursaries are awarded by the V.O.N. to staff its branches across Canada. It further appears that, since 9 of the 24 positions are filled by V.O.N. bursary recipients, this service could not be maintained at the present level in this province in the absence of this financial assistance from the organization.

In order to meet more adequately the bedside nursing needs in the four centres now served by the V.O.N., an additional minimum of twelve positions should be established in the next five years. Further, should the liaison between additional hospitals with the four branches be augmented, the need for staff would be considerably increased. Also, should new branches of the order be established in centres which already have submitted requests for V.O.N. services, further additional staff would be

required. If organized home care programmes and formal referral programmes with auxiliary and chronic hospitals were established in keeping with current national developments, a very substantial further increase in nursing staff would be required.

Public Health Nursing in Industry

Much variation is found among programmes carried by nurses in the wide spectrum of industries employing them. In certain industries, e.g. Imperial Oil, a very complete occupational health service exists, including periodic and pre-employment medical examination, counselling services, organized referral system, safety research and emergency care. In other industries the occupational health nurse's time is divided among various duties including certain strictly non-nursing responsibilities, as well as emergency first aid. In others a limited treatment and emergency service occupies her entire time. Thus the number of industrial positions requiring the services of the prepared public health nurse is very difficult to assess. Industrial studies of the value of the health service in terms of prevention of loss of worktime of employees indicate in dollars and cents that money expended by large industries to maintain such a programme is well spent.

Evaluation of future needs for public health nurses in the occupational field is beyond the scope of this study. As additional industries and present industries organize and expand their health programme, particularly in view of stimulation forthcoming from the newly established Occupational Health Division within the Department of Public Health, an increasing number of qualified public health nurses doubtless will be encouraged to enter the Occupational Health Field.

Conclusion

In considering standards of public health nursing services and the factors which contribute to their maintenance and elevation, it is apparent to the Committee that it is the few agencies which depend on a central authority for direction, guidance and the setting of general policy that tend to maintain the consistently adequate and occasional inspired standard of service. The policies under which they function are set, main-

tained and modified by capable public health personnel. On the other hand, the agencies in Alberta with essentially the same function, that of supplying basic health service to the people of the province, for which they pay in full through the taxation mechanism, do not necessarily maintain adequate standards of public health nursing service. Information indicates that this may apply to more than just the public health nursing portion of the services. Such discrepancies as have been outlined which contribute to the situation in public health nursing are, in many cases, applicable to the total public health programme. They are mainly due to the preponderance of public health jurisdictions, each establishing its own policies with regard to services, programmes, personnel matters including qualifications, salaries, opportunities for advancement and for improvement of competence and so on. All this may take place without reference to any authority outside of the local jurisdiction, even though the said authority may not necessarily be sufficiently informed or capable to set such policies without expert guidance.

Therefore the Committee recommends:

That close scrutiny be directed to the administrative set-up as it presently operates both within the Department of Public Health of the Province of Alberta and within city health departments and local health units, to identify and evaluate factors contributing to the above situation, and further:

That this be done by an objective team with adequate public health nursing representation from the Consultant Service of the Canadian Public Health Association, and further:

That such remedial measures as may be recommended by the team be implemented.

Only by such positive measures can the people of Alberta be assured of public health services of optimum value to them and of which they can justly be proud.

CHAPTER 15

HOME CARE

In Alberta long-term plans are being formulated for the care of the patient with chronic illness and the elderly patient with intermittent illness. Observations indicate that concerned authorities have confined their thoughts and action on this matter to the construction of various types of institutions. This has been considered by the Committee since staffing of these hospitals will involve a portion of the province's nursing strength.

Undoubtedly for a number of this type of patient institutional care is the answer because the essential care cannot be obtained in any other way. However, the obvious logic of a statement by Dr. E. M. Bluestone, a leading medical authority on the care of the long-term patient, is brought forth by this Committee. He states that Hospital expansion programmes can be justified only after it has been determined that the existing facilities for health care are wisely distributed and used.[1] The Committee therefore considered Nursing in relation to hospital expansion programmes to determine alternative ways of providing needed nursing care which might prove wiser, better and more economical for an appreciable portion of the group.

A logical alternative is to bring the needed care to the patient in his own home, providing his clinical condition, therapeutic plan, mental attitude and home conditions will permit his treatment, convalescence, recovery and rehabilitation (or palliation of a terminal condition) in this environment.

Certainly looking after the sick in their home is not a new idea. Historically and currently the majority of illness, including almost the total of minor illness, is cared for at home. Physicians will make home calls as indicated and visiting nursing services

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[1] Bluestone, E. M., M.D., "The Place of the Long-Term Patient in the Modern Hospital, The Use and Misuse of Hospital Beds," Bulletin, American College of Surgeons, June, 1946.

are set up for this purpose. However, these kinds of service have a different purpose than that of "Organized Home Care", are not made in a deliberate attempt to give care at home to obviate the need for hospital admission or reducing length of hospital stay, although incidently they may do so.

"Organized Home Care", in the modern sense of the term, was brought forward by thoughtful, cautious communities in an effort to find some alternative solution to the increasing burden to the taxpayer of the costs of building and maintaining institutions in view of the mounting costs of total health care. Many such plans have been established and serve to bring needed care to the patient's home which, in the absence of such a plan, would require him to be admitted to some type of institution.

"Organized Home Care" programmes generally have been set up in one of the two following ways. They may be "hospital-based" or "community-based". In "hospital-based" programmes, the hospital within its budget and the services it offers, assigns its personnel and equipment for service in the patient's home following discharge or between periods of in-patient care. It may charge patients on a fee-for-service basis or per diem basis. The most widely known example of a highly successful hospital-based project is the Home Care Programme of Montefiore Hospital, New York City, established in 1947 to more fully meet the needs of long-term patients. This project has served as a pattern for the myriad of such programmes which have been organized during the past fifteen years.[1] "Community-based" programmes are those in which services are provided through organized community effort involving participation by a spectrum of existing community agencies of which the hospital is one. In Canada, in which the majority of currently-operating programmes are community-based, there is participation by the patient's physician, the public health nurses of the Victorian Order or of the local health department, physiotherapists of the local hospital's rehabilitation department or of the Canadian Arthritis and Rheumatism Society, the local housekeeping service and many other agencies, depending on

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[1] *Home Care, Origin, Organization and Present Status of the Extra-Mural Programme of Montefiore Hospital,* Montefiore Hospital, New York City, 1949.

the comprehensiveness of the programme. An excellent example of the truly "community-based" project is the Pilot Home Care Programme of Toronto,[2] and the literature reveals that many other Canadian centres have found an essentially similar plan valuable in the provision of adequate health care of their citizens.

Organized home care embraces more than incidental medical or nursing service given in the home. The United States Commission on Chronic Illness has defined it as follows: "Those organized programmes having centralized responsibility for the administration and co-ordination of services to patients (in their Home) and for providing at least the minimum of medical, nursing, social services, essential drugs and supplies." This definition is accepted as the objective by the majority of proponents of organized home care, even though some projects have not yet developed to the point of including all the stated minimum services. In detail, some or all of the following services may be provided in Home Care projects:

1. **Medical Services**

   These may be closely associated with the organized programme or be an integral part of it. They may be provided by the family physician or by hospital-based residents and internes or by medical staff of an out-patient department.

2. **Nursing Services**

   These may be provided by nursing staff in a hospital-based scheme, or by a visiting nurse service (such as the Victorian Order of Nurses in Canada) or by nursing staff of a local public health department or unit who incorporate this service into their regular health programme, or by a combination of the visiting nurse service and health department nursing staff (e.g., Seattle-King County Combination Agency).

3. **Social Services**

   Such services may be provided by hospital social service staff or community welfare staff.

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[2] Barter, Marion I., "The Pilot Home Care Programme of Toronto." Canadian Journal of Public Health, Vol. 54, No. 2, February, 1963.

4. **Physiotherapy, Occupational Therapy, Speech Therapy, etc.**

   These services may be provided by the rehabilitation department of a hospital or by the staff of a community agency (e.g. Canadian Arthritis and Rheumatism Society).

5. **Homemaker Services**

   These may be organized as an entity directly administered by the project, or may be provided by an agency specifically set up to provide such service (e.g. Homemaker Service of the Council of Community Services).

6. **Food Services**

   These are seldom included as part of organized home care programmes on this continent but their value as an integral part of comprehensive home care has been proved with the British "Meals on Wheels" project which, under the auspices of the Women's Voluntary Services, delivers over three million hot, nutritious, full meals daily to those who would otherwise require the service of a homemaker.

7. **Transportation**

   Provision for ambulance, taxi or other conveyance to transport patients to and from a centre for tests, x-rays, treatments, etc., and to convey staff within the area is essenial to the programme.

8. **Equipment, Supplies, Therapeutic Appliances, Medications, etc.**

   Provision for drugs and supplies, etc., may be included in a per diem charge for the total service, or certain equipment may be loaned for short-term needs (e.g. Red Cross Loan Cupboard).

Discussion

Organized Home Care is not a universal panacea. Its purpose is neither to take needy patients from hospital to release beds nor to keep others who need hospital care from being admitted. Certain patients cannot be cared for adequately at home and their care must be given in the hospital environment for such time as it is required.

However, Organized Home Care does provide for an appreciable number of patients an alternative method of care so that the need for hospitalization may be eliminated or reduced in duration, thus permitting more effective utilization of existing hospital beds and reducing requirements for new hospital construction. Further, a result observed in many assessments of the value of Home Care services is that many patients, particularly those with long-term illness, recover more quickly and fully in the home environment. These patients retain their status as part of the family unit, surrounded by individuals who will not lose interest in them, no matter how prolonged the need for care nor how limited their participation in normal family living may be. Also, families more readily accept responsibility for having the patient at home when they know the help they may need is available to them, and when they have assurance that hospital care is at hand, should the need arise. Where organized home care programmes exist, physicians meet less difficulty in admitting long-term patients to hospital for care of an acute phase, since hospital authorities are aware that discharge to the programme will normally be considered.

Since careful selection of patients deemed to be suitable for Home Care determines in large part the success of this project, the broad criteria for selection of patients is re-emphasized as follows:

1. The clinical and psychological condition of the patient must be such that home care is feasible, i.e., that in terms of the patient's needs, such care is safe and adequate;
2. That the home facilities be adequate for the required care to be given;
3. That the family be willing and able to give whatever help is required of them.

A Consideration of "Organized Home Care" in Relation to Alberta

At the present time no comprehensive Organized Home Care programme exists in Alberta. Some medical care at home is given on demand by physicians, and thousands of home calls are made each year to provide bedside nursing care and re-

habilitation nursing services by the Victorian Order of Nurses in the four centres of Edmonton, Calgary, Lethbridge and Medicine Hat. Public Health Nurses employed by Health Units incidently may give some nursing service to sick persons by virtue of their abilities and the place they hold in the community as a source of health information.

However, through the efforts of the Victorian Order of Nurses, a beginning has been made toward the establishment of Organized Home Care. The Calgary General Hospital, the Medicine Hat General Hospital and the Royal Alexandra Hospital in Edmonton, in collaboration with the Branch of the V.O.N. in each of the cities concerned, have inaugurated Hospital Referral Programmes. These involve the planned discharge from hospital of suitable patients to continuing care at home and are achieved through co-operative effort between medical and hospital personnel, with a liaison nurse from the V.O.N. assigned to each hospital on a part-time basis. The personnel of the V.O.N. give the required nursing care to those on the Hospital Referral Programme, along with their regular bedside nursing load. The main objective of these three programmes is to assist in better utilization of hospital beds through earlier discharge of selected patients. Initiative for development and extension of these programmes has come from the Victorian Order of Nurses. In two of the centres, Medicine Hat and Edmonton, the cost of the programme is borne by the V.O.N. branch. In Calgary the hospital pays the cost of the programme.[1] In assessing the value of the Hospital Referral Programme in Calgary where, for the first six months of 1962, 91 patients were referred to the programme along with 19 carried over from the previous year, a significant contribution has been made toward alleviating the acute shortage of hospital beds which exists in that city. So valuable has it proved that in recommending its continuance, the medical administrator stated, " It is not possible to say how many hospital days have been saved, but of these patients it seemed reasonable to state that many of them would have spent considerably longer in hospital, as these were selected patients who would not have been discharged as early as they were."[1]

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[1] The Victorian Order of Nurses (Province of Alberta): *Brief Presented to the Department of Public Health, Province of Alberta,* November, 1962.

General Considerations

Although it is a somewhat complex process, it is possible to determine hospital days saved, and thus arrive at an average number of beds released by a Hospital Referral Plan. The main difficulty is in properly evaluating "a hospital day saved". It must be justifiable in that, if the home care had not been available, the patient must have required the facilities of the hospital. Thus total days on the Plan are not necessarily total hospital days saved.

Further, per diem costs of Home Care projects have been calculated and, depending on the scope of services provided, leave no doubt that Home Care costs are very substantially less than those of keeping that patient in hospital. The Pilot Home Care Programme of Toronto[2] which provides a wide range of services drawn from functioning community agencies and integrated through a central administration under direction of the patient's physician has arrived at a crude per diem cost of $2.57. This figure is based on the aggregate of full fees for certain services and excludes cost of physicians' services, medications, and administration. Thus, this figure is not meaningful, even as an approximation of per dien cost of an Organized Home Care Programme.

Two things, however, must be accepted as fact. The first is that an Organized Home Care Programme, no matter how narrow its services, entails some costs. Secondly, the cost of keeping a patient at home and bringing to him the required services which would otherwise necessitate his being in hospital, has proved repeatedly and without exception in all available studies to be substantially less than keeping the patient in hospital, since the latter figure must include the entire maintenance costs of the patient in the institution with its myriad of services regardless of whether or not the patient requires use of them.

Summary

The most important value of Organized Home Care from the community point of view is that it helps to make better use of all community facilities for health care, including nursing.

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[2] Barter, Marion I., "The Pilot Home Care Programme of Toronto." Canadian Journal of Public Health, Vol. 54, No. 2, February, 1963.

Further, by freeing hospital beds for those who need the facilities of the hospital through providing care at home for selected patients, a substantial reduction in the need for hospital construction with its concomitant need for nursing staff may be made.

However, it must be borne in mind that costs are involved, and that these costs are not confined to the establishment and maintenance of the Home Care Services. It is recognized that promoting shorter hospital stay, although benefiting a greater number of needy individuals, tends to increase hospital per diem rates. It is expected first that the needs of in-patients would require fuller use of facilities found only in hospital, and that the aggregate of such service would increase dollar costs. Further, increased administrative routines of admissions and discharges take additional time of certain kinds of hospital personnel. Thus a hospital participating in an Organized Home Care project logically should be compensated for its increased per diem cost since it is in fact carrying a greater admission load of patients requiring more concentrated care than its rated bed capacity in the absence of Organized Home Care.

Further, because the Victorian Order of Nurses has seen fit to share in a service which permits earlier discharge, it is assuming a portion of "hospital care". It is reasonable to expect that it should be compensated through Provincial Grants for costs incurred by virtue of its participation in the Hospital Referral Plan. This involves mainly the cost of the time of the liaison nurse who assists in the selection of patients for referral, but in addition it should include the total of full fees for service rendered by the V.O.N. on behalf of patients on the plan less the sum collected from patients who are able to pay all or a portion of the regular V.O.N. fee.

Recommendations

In view of the above discussion, this Committee recommends that:

1. Every assistance and support, including fair financial support, be given to the V.O.N. to develop and expand its Hospital Referral projects in the larger centres, and further,

2. In these centres similar plans in conjunction with auxiliary and chronic hospitals be encouraged, and further,

3. This vital resource be considered and explored fully prior to consideration of any further new hospital construction in these centres, and further,

4. Community resources to provide additional services essential to more complete Home Care be developed and extended in these centres.

With reference to centres of lesser population in which the setting up a second public health nursing agency would not be economically sound, this Committee recommends that:

1. Health Units be required to assess the need and feasibility for Organized Home Care services, and further,

2. They be stimulated and encouraged to develop the required nursing services within their existing administrative frameworks, submitting to the Provincial Department of Public Health an assessment of costs of such additional staff (public health nurses, graduate nurses and public health nurse-aides) and equipment they deem to be necessary to adequately carry the expanded public health nursing service, and further,

3. Health Units with their understanding of and relationships with other community health and allied agencies stimulate those to participate.

Additional funds for such a service necessitate an increase in provincial grants which could be reckoned in a manner similar to that for Dental Services. However, the setting up of a schedule of fees for service similar in principle to that of Municipal Nurses for treatment services should be considered.

SECTION IV

CONTROL OF STANDARDS AND DIRECTION OF NURSING

CHAPTER 16

EDUCATION—LICENSURE—GROUPS OTHER THAN REGISTERED NURSES—ALIGNMENT OF PROFESSIONAL AND AUXILIARY NURSING PERSONNEL

The responsibility for the formulation and the maintenance of the standards of nursing practice, the licensure of nurses, the guardianship of the status of the nursing profession and the determination and control of the standards of training in the Schools of Nursing is vested in the Registered Nurses Act (Revised Statutes of Alberta, 1955 - Chapter 283).

I—Nursing Education

The education of nurses, as is proper for professional training, is, in the Province of Alberta, under the aegis of the University. The regulations in the Act read as follows:

"11. The General Faculty Council of the University of Alberta shall:

(a) determine the standards of training in hospitals approved by it as provided by this Act with regard to the bed capacity of such hospitals, classes, lectures, courses of studies, and other matters requisite for efficient training,

(b) withdraw its approval of any hospital in which such standards referred to in clause (a) are not consistently maintained,

(c) determine such matters of an educational character as may be referred to it by the council for decision, and

(d) appoint a Board of Examiners from names nominated thereto by the council."

In accordance with these regulations the General Faculty Council of the University of Alberta operates through its Committee on Nursing Education, and the functions of this

Committee are set out in the *Regulations Governing Schools of Nursing in the Province of Alberta.*

This association between the nursing profession and the University has worked admirably in all particulars. Through its adviser to the Schools of Nursing the University Committee on Nursing Education is in close touch with the quality of nursing care in hospitals, with the organization and character of nursing education in the province, and, by virtue of representation on the Committee, there is a close liaison between the University School of Nursing and the hospital schools throughout the Province in matters of entrance requirements, curricula and the achievements of student nurses at all levels.

The custom of a periodic visit of a team to schools of nursing has proved most valuable to the Committee and to the schools concerned.

This relationship between the University and the Schools of Nursing has been worked out in such a way that, rather than being one of remote, arbitrary controls imposed by an authority, it is one of co-operation based on the mutual desire to achieve the highest educational standards. We find that it has met the enthusiastic approval of all the schools of nursing.

This policy places responsibility for setting and maintaining the standards of nursing education where it belongs—in the University. It provides the answer to those who say that under the existing system of nurses' training, the hospital governs nursing education. It makes it possible for schools of nursing to maintain a high educational standard and still be within the matrix of the hospital where nurses belong and in which resides the practical core of their training.

IT IS RECOMMENDED, therefore, that the direction of nursing education be continued under the jurisdiction of the University of Alberta.

IT IS RECOMMENDED, further, that this Committee be strengthened by its personnel being increased to include a representation of nursing service groups. This would maintain the balance between the educational and the service sides of nursing and help to foster a more realistic type of education pattern.

II—Nursing Organization, Practice and Licensure

These functions, as they pertain to registered nurses, are vested in the Alberta Association of Registered Nurses, incorporated April 19th, 1916, under the Registered Nurses Act. The active membership at that time was 12; in December, 1962, the active membership was 5,016.

This is a comprehensive organization with an Executive Secretary, relations with other health agencies and representation on various committees. Thus it has a corporate and active voice in all matters of health.

A.—Licensure

In each of the provinces of Canada the provincial nurses' association is authorized by legislation to deal with matters concerning the practice of nursing and the granting of registration. In five provinces—Nova Scotia, New Brunswick, Saskatchewan, British Columbia and Alberta—a nurse may not practise as a Registered Nurse until she qualifies and obtains her registration from the provincial nurses' association. The Act, in such cases, in effect protects only the title of Registered Nurse. The result is that in Alberta a person may practise as a nurse, whatever her qualifications, provided she does not call herself a Registered Nurse.

In five provinces—Newfoundland, Prince Edward Island, Quebec, Ontario and Manitoba, provincial legislation requires that to practise as a nurse, a license must be obtained in addition to registration with the provincial association.

The Canadian Nurses' Association has recommended that all provinces establish licensure for all who nurse for hire. (C.N.A. Brief to the Royal Commission on Health Services — 1962.)

To protect the public and to correct a situation which to say the least is an anachronism in the modern world which demands skill and integrity in every field;

IT IS RECOMMENDED that:

Legislation be enacted requiring mandatory licensure for all who nurse for hire in the Province of Alberta.

B.—Nursing Groups Other Than Registered Nurses

These in Alberta comprise three organizations representing:

1. Certified Nursing Aides
2. Psychiatric Nurses
3. Nursing Orderlies.

Certified Nursing Aides

Under the Certified Nursing Aide Act this group is organized as follows:

The authority for management is vested in an Advisory Council whose duty is to make recommendations to the Minister regarding curriculum, the total training programme and regulations that are not inconsistent with the Act.

The Registrar-Consultant under the Advisory Council has the authority for licensing, discipline and salary arrangements.

The Director of Nursing Aide Education is charged with the responsibility for the training programme.

The Nursing Aides registered under the Act have their association—The Alberta Certified Nursing Aide Association whose function has to do with the professional growth and development of the members. The objectives of the Association are: to promote an educational development programme; to foster better public relations; to encourage participation in service groups; to organize social activities. The Registrar-Consultant is a member of the Association's Executive.

Psychiatric Nurses

The personnel of this group comprises the graduates of the three-year programme offered at the Provincial Mental Hospital, Ponoka, and the Provincial Mental Institute, Oliver. The programme of training is designed to prepare psychiatric nurses to give care to the mentally ill, particularly in mental hospitals. As of August, 1962, there have been 190 male graduates from the Ponoka Hospital, and from the Mental Institute at Oliver, 95 female and 158 male graduates—a total of 443.

The authority for the regulation and management of this group is vested in the Minister of Health who appoints an Advis-

ory Committee. There is no representative of the Alberta Association of Registered Nurses on this Committee.

Due to the limited number of graduates from the four-year registered psychiatric nurse (R.N.) programme and the post-basic programme, this psychiatric nursing group has made an immeasurable contribution to patient care in the mental hospitals.

Under an Act passed at the recent session of the Alberta Legislature (1963), this group has now become incorporated as the Psychiatric Nurses Association of Alberta. The affairs of the Association are to be managed by a Council of 13 members, and it will have an appointed registrar. The Council has the authority to form district organizations, govern the members, fix registration and membership fees, and may enter into an agreement with the University of Alberta or other acceptable bodies for the purpose of establishing the academic qualifications for membership and setting examinations for applicants for membership.

Membership in the Association is based on a certificate of qualification issued by a school for the instruction of persons in psychiatric nursing approved by the Council, or on a certificate of qualification issued under the Psychiatric Nurses Training Act. Only a member of the Association has the right to use the designation *Psychiatric Nurse* or the abbreviation *Psych. N.* It is set out that no person other than a member of the Association shall practise psychiatric nursing; but this regulation does not apply to a person who holds a certificate under The Psychiatric Nurses Training Act such as a registered psychiatric nurse (R.N.). It also does not apply to a graduate nurse caring for a mentally ill person.

There are still some unsatisfactory features in the nature of this organization as defined in the Act.

1. The Act sets up restrictions and barriers within the constituency of psychiatric nursing which should be a unified body.

2. The Act states that a member of the Association may practise psychiatric nursing under the supervision of a medical practitioner but fails to stipulate whether such practice may be under the supervision of a hospital administration or a nursing administration.

3. Under the terms of the Act the Association is given too much power.

4. The duality of the psychiatric nurse and the registered psychiatric nurse (R.N.) is perpetuated and even sharpened. No provision is spelled out to afford this latter group their place in administration, teaching and supervision in the psychiatric hospital.

5. The ultimate authority is not clearly defined, and presumably resides in the Provincial Department of Public Health.

6. The training programme and the responsibility for maintaining standards are not placed under any recognized body such as the University.

7. There is no defined liaison with other nursing bodies. In effect the group is still outside the main body of nursing and is still not co-ordinated with any central educational authority.

These circumstances emphasize the necessity of a complete review and reconstruction of the field of psychiatric nursing as set out in Chapter 13. By the same token, bringing the group of psychiatric nurses under the authority of the Provincial Council of Nursing would serve ultimately to resolve the situation*

Nursing Orderlies

The personnel of this group represents a vital part of the Nursing Team which in the past has suffered from a lack of recognition, the absence of any formal training programme and the consequent failure to have any definite status.

The situation is now being corrected with the formation of the Alberta Association of Nursing Orderlies. This Association is now duly constituted with a Board of Directors and an Advisory Council. The principal aims of the Association are to improve the standards of orderly care, to act as a liaison body with the medical and nursing bodies, and to represent its members in negotiations with hospital authorities. The Association's chief concern at present is with a formal training programme and the securing of a measure of uniformity of such training in hospitals. To this end nursing orderly procedures are being

*For further discussion of Psychiatric Nurses, see Chapter 13.

formulated and organized to guide in-service training, and a Manual of Training for nursing orderlies is being prepared.

These are all interim measures looking toward the setting-up of a Nursing Orderly Training School. With such a school the whole constituency of the nursing orderly field will be affected and improved. Moreover such a move will serve to stabilize not only the orderly group but the whole Nursing Team.

The Association at the present time has a strong Advisory Board composed of representatives of the Associated Hospitals of Alberta, The Alberta Association of Registered Nurses and the Alberta Division of the Canadian Medical Association. This Board is assisting the Executive of the Association in this early work of organization and the achieving of the objectives of registration of members, a uniform basic training programme and the establishment of a Central Training School. A credentials Committee has been set up to order registration and official licensing.

We as a Committee have been impressed by the spirit shown by the officers of the Association and are confident of the success of this evolutionary reform in the training of this branch of the Nursing Team.*

C.—Alignment of Professional Nurses and Auxiliary Nursing Personnel

It will be apparent from the foregoing outline that at the present time the four divisions concerned with nursing care—The Alberta Association of Registered Nurses, The Psychiatric Nurses Association, The Certified Nursing Aides Association, and The Alberta Association of Nursing Orderlies—exist in relative independence of each other. Each stands in a different relation to central authority. Registration and licensing is different in each case. There is no one source charged with authority over these four areas of nursing practice. There is at best only a slight liaison between the groups.

We recognize the assistance which the Alberta Association of Registered Nurses has given to the other three groups in the matter of establishing and implementing policies and in

*For further discussion of Nursing Orderlies, see Chapter 10.

assisting them with their work. But this relation lacks any clear co-ordination or formulated programme in the absence of a defined central authority.

The *Alberta Association of Registered Nurses* is long established and is carrying out its task admirably not only in its official capacity of serving professional nursing but in assisting and giving leadership to all groups concerned with nursing practice. But its jurisdiction is limited and under the present circumstances it can, in most instances, act only in an advisory capacity in areas other than its own.

As far as the *Certified Nursing Aides* are concerned, in view of their increasing number and the role that they are playing in the Nursing Team, it is desirable that they as a group should be recognized and brought into the organized world of nursing in a corporate way.

In regard to the *Psychiatric Nurses,* the graduates of the three-year programme, we have already intimated that this group, in spite of its Association, stands in an anomalous position as far as organized nursing is concerned. The status of this group should be re-examined, defined, and the members properly recognized and brought in under some form of central authority.

The recent developments in the sphere of the *Nursing Orderlies* which we have outlined above sharply point up the necessity of the recognition of this group as an organized body within the official framework of nursing practice. This will assist in under-pinning the reforms under way and strengthen this echelon of the Nursing Team.

In view of all these circumstances it is evident that steps should be taken at once to bring the four groups into closer relation under some co-ordinating authority. Such a move would prevent a continuing fragmentation of nursing personnel and would assist at all levels in promoting unity and understanding among all persons engaged in nursing practice.

CHAPTER 17

PROVINCIAL COUNCIL OF NURSING

The formula to achieve the end of a co-ordinating authority for the four groups of nursing personnel should not be too difficult to find and implement. It appears to the Committee that there are two alternatives available.

The first, that the three organizations representing the psychiatric nurses, the certified nursing aides, and the nursing orderlies, be brought under "the umbrella" of the Alberta Association of Registered Nurses, each an associated autonomous body, with representatives of each group serving with the A.A.R.N. representatives to act in the business of co-ordination, governing, advising and maintaining standards through a central Credentials Board, and so forth.

This would necessitate a reorganization of the Alberta Association of Registered Nurses; it might be difficult to define the areas of authority and management; and such an arrangement might suggest the possible domination of the registered nurses' group. However, we have been assured that the A.A.R.N. would be agreeable to exploring such a proposal.

The second alternative seems to us preferable—the setting up of a Provincial Council of Nursing with advisory, co-ordinating and consultative functions, and a measure of authority over nursing practice in respect to licensing.

In thus advocating the establishment of a Provincial Council of Nursing or its equivalent, the Committee believes that there is a most important principle involved. It may be stated in this way. Every specialization means that a larger auxiliary group is required to support the specialized unit. It also means that instruments and skills are created which enhance the life of society. At the same time a greater degree of organization becomes necessary to make this specialization effective. It is at this point that, in nearly all areas of society, we observe that the practical and administrative machinery to order these developments tends to lag behind the technical development.

This can be seen clearly in the field of nursing. Specialization in hospital and community nursing has developed rapidly, bringing with it the creation of many auxiliaries—nursing aides, technical assistants, etc. This situation requires a new governing organization to meet these new conditions. We cannot hope to go forward with the administrative machinery which served well enough thirty years ago but is now quite inadequate to deal with the more complex situation.

What is desired is a formula by which the tension between the several health divisions and the general interest represented by Government may be resolved and an efficient working system set up.

In our opinion the idea of a Council of Nursing embodies such a working formula, serving the interests of all concerned and striking a proper balance between complete autonomy of a health branch on the one hand and restrictive governmental control on the other. It represents the sort of thing which has been applied successfully in the case of the Medical Research Council and to a degree in the case of the administrative and governing machinery of the University.

As a Committee, our consideration of the many problems in all the areas of nursing in this Province has forced us to the conclusion that something in the nature of a Council of Nursing is necessary in Alberta if we are to achieve new dimensions in nursing.

Such a proposal gains force if we look at the present situation of nursing in the Province.

The authority influencing the currents of nursing education and practice resides in the Provincial Government because of its legislative function, the concerns of the Department of Health and the Government's close relationship with the hospitals.

Within the framework of authority the necessity arises to secure as broad and coherent a pattern as possible and to avoid undue over-centralization. To date nursing in its various areas has developed in a fortuitous way. It is now necessary to have planning and measures of co-ordination to achieve the ends desired. Some central body is needed to study situations as they arise, initiate and pursue measures, and supervise their orderly

development. This would make possible regional development and provincial co-ordination.

At present this responsibility is loosely arranged with the result that many desirable measures are not carried through or fail to be fitted into the general scheme of things.

Such a central body, then, would assume the most urgent task facing nursing at present in the Province—the task of planning and translating that planning into operating measures and institutions. Such a task requires a close association of organized nursing, several agencies and the Department of Public Health. Acting along these lines a Provincial Council of Nursing would advise, co-ordinate and assist in determining the projects and design of nursing in all areas.

The desirability of such a Provincial Council created by provincial enactment, with representation from all the bodies concerned with nursing, such Council, working with the Minister of Health, seems to us beyond argument.

Functions of the Council

The functions of such a Council which would be responsible to the Minister of Health would include:

1. Advising in all matters pertaining to nursing education and practice.
2. Long-range planning for future nursing needs of the Province in consultation with other agencies.
3. A liaison function securing the co-ordination of all groups practising nursing.
4. Through a Standing Committee set up for such purpose to keep under study and make suggestions to all hospitals in the matter of relations between the various wings of the nursing team. (See Chapter 4.)
5. Licensing and the maintenance of standards.
6. The formulation and supervision of the training programmes of:

   Certified Nursing Aides
   Psychiatric Nurses (3-year Course)
   Nursing Orderlies.

7. Responsibility for research, surveys, and acting as a clearing house for ideas on various nursing problems.

8. To take the initiative in developing, and advise concerning, a rural affiliation programme for students from metropolitan hospitals.

9. To establish and take under its jurisdiction a comprehensive rehabilitation nursing programme.

We would hope that one of the first duties of the Council would be to review this Report and endeavor to implement those recommendations which it believes would be desirable.

In these matters the Council would work in close relation with the University Committee on Nursing Education. Such an outline of functions leaves a wide latitude for other duties and for a flexible adaptation to circumstances as they arise.

In respect to licensing and registration,

IT IS RECOMMENDED that:

Specifically in working as a co-ordinating body for the four organizations—the Alberta Association of Registered Nurses, the Psychiatric Nurses Association, the Alberta Nursing Aide Association and the Alberta Association of Nursing Orderlies—each organization would continue to look after its own affairs as at present. Each would have a Secretary. Licensing would be handled by the Council. Minimal standards for licensure would be established by the Council. In doubtful cases the credentials would be referred by the Council to a Credentials Committee of each of the organizations. After clearance by the respective Committees, a license would be issued by the Council. Registration covering membership would then be carried out by the Association in question, such registration remaining the function of the respective organizations.

The Committee has considered at length the question of having registration in the various organizations made mandatory, and has discussed the matter with many of the representatives of nursing. It should be noted that under the terms of their Act of incorporation, the Psychiatric Nurses already have this provision.

In the light of this fact, consideration should be given to extending such provision to the other three Associations.

At the same time the Committee would urge that the present strong position of the Alberta Association of Registered Nurses be maintained by employers requiring in all instances that nurse-employees be registered with their Association.

Other details concerning the measure of authority vested in the Council could be worked out within the broad principles set down above, and powers and responsibilities duly allotted.

In a word, a Council of Nursing would serve two important ends—it would promote the unity of nursing, and would bring the four bodies representing professional and auxiliary nursing into the established order.

Composition of the Council

We suggest that the Council be composed of the following:

—a representative of the University of Alberta's Committee on Nursing Education

—two registered nurses—one the Director of a Hospital School of Nursing, one a Director of Nursing Service (appointed by the Minister)

—the Director of the University School of Nursing

—a representative of the College of Physicians and Surgeons

—a representative of the Nursing Sisterhoods, to be appointed by the Conference of the Catholic Hospitals of Alberta

—a representative of the Alberta Hospital Association

—a representative of Public Health Nursing (appointed by the Minister)

—a representative of the Alberta Association of Registered Nurses

—a representative of the Alberta Certified Nursing Aide Association

—a representative of the Psychiatric Nurses Association

—a representative of the Alberta Association of Nursing Orderlies

—and an Executive Director.

The Council would thus be composed of twelve members with an Executive Director appointed by the Council but not a statutory member of the Council.

We note that the idea of such a Council was implicit in the proceedings of the Minister's Conference on Nursing held on April 13-14, at which time the suggestion of something like a Standing Committee was made, which Committee would function in the future between such conferences.

Council vs College

It should be pointed out that at the present time a Committee of the Alberta Association of Registered Nurses is studying the whole question of such a central council, more particularly as it might be established under the title of "College of Nursing."

In thus advocating the formation of a Provincial Council of Nursing we are not overlooking the claims made on behalf of a College of Nursing such as has recently been established in Ontario as the statutory body to administer the 'Nurses' Act, 1961-1962.' This College is assuming the function of four bodies formerly concerned with nurses' training, supervision and administration. In other words this College in effect is taking over everything pertaining to nursing education and practice.

In considering the possibility of establishing such a College in Alberta, certain points have to be borne in mind.

1. It would involve far-reaching administrative and legislative changes.
2. It would involve to a greater or lesser degree all health agencies in the Province.
3. At the present time registration of nurses is being satisfactorily conducted by the Alberta Association of Registered Nurses; education covering curriculum and standards is under the aegis of the University; finance is under the direction of the Hospitals Division of the Department of Health. Unless some noteworthy advantages are shown to be forthcoming from the institution of a College, it seems unwise to disturb these arrangements at present.

At the same time the areas of co-ordination of nursing activities, of advisory function, of centralized licensing of all nursing personnel, and of long-term planning remain to be served. These functions could be brought under a Provincial Council of Nursing which could readily be oriented with the existing scheme of things. Such a move is within our practical range and would not involve any revolutionary changes in the larger organization of the health services of the Province.

It is quite conceivable that at a later date, once the Council of Nursing has been established and proven itself, a move to set up a College of Nursing along the broad lines suggested above might be found to be desirable.

In the light of all these considerations,

IT IS RECOMMENDED—that a Provincial Council of Nursing be established to provide for co-operative and co-ordinated planning and organization, and for licensing of all nursing personnel, such Council to include representation from the appropriate bodies concerned with nursing in the Province.

SECTION V

RECRUITMENT

CHAPTER 18

RECRUITMENT OF NURSING PERSONNEL

Since 1956 a Director of Nursing Recruitment has been employed by the Department of Public Health to encourage girls to follow a nursing career. This programme, financed from Federal Health Grants at a cost of over $13,000 a year, provides details of the various nursing careers open to students, the kind of education and training they will have as a student nurse, guidance to schools for career days and publicity in the press, radio and T.V.

Few indications were made to this Committee that the recruitment program is not doing the job it is intended to do and in general all those involved thought that it was a worthwhile endeavour. About a year ago there was a possibility that the Department of Public Health might cancel the programme, but due to pressures, mainly from the Alberta Association of Registered Nurses and the Associated Hospitals of Alberta, this idea was not put into effect.

From many quarters the Committee was made aware of the fact that student counsellors in high schools throughout Alberta had the impression that the nursing profession did not need students with high academic standing. This mistaken idea led the counsellors in many instances to advise superior students to follow professions other than nursing. Also prevalent is the idea that girls, poor in mathematics and science subjects, are best advised to follow a nursing career. It should be noted that approximately 10 per cent of students complete high school diploma requirements and the competition from the other professions for this small group is severe. It follows that nursing cannot stand aside in the competition to attract the best students.

It would seem, therefore, that one failing, if it can be so called, of the recruitment programme is that it has not enlightened student counsellors on the need for students of the highest academic standing to enter the nursing profession. In view of the shortage of nurses in the higher ranks of the nursing profession one of the main purposes of a recruitment programme

should be to encourage first class students to follow a nursing career.

Statistics have revealed that most student nurses are influenced to follow a nursing career by their families and friends. A recruitment programme should, therefore, seek out the best methods of influencing "parents to consider nursing as an academic discipline worthy of the best minds."

The C.N.A. Brief to the Royal Commission on Health Services emphasizes this need:

"If the nursing profession is to maintain and expand its services to the people, it requires a continual supply of recruits into its educational programme. To maintain and expand the nursing services it is essential that the candidates be of a high quality and that they be recruited in sufficient numbers to meet the expanding nursing needs of the country."

Some hospitals have interested girls in nursing and hospital work by employing them after school hours. In one hospital the arrangement with the high school is that only the students with high marks will be favoured with being allowed to help in the hospital. The employment of students in this way has resulted in a number of girls entering nursing who would otherwise have followed some other line of endeavour. In other Provinces this trend has brought about the establishment of Nurses' Clubs in High Schools which again creates additional enthusiasm.

It was also made evident to the Committee that recruitment efforts need not wait until students reach high school level before they be encouraged towards nursing. There is no reason why recruitment work should not start at the Junior High School level and this would serve not only to start an interest in nursing at an earlier date, but would also guide students toward the appropriate educational path for a nursing career.

Another idea brought forward was that nursing recruitment might be made part of a large intensive recruitment programme for the recruitment of all types of technical hospital personnel. Although this Committee has concerned itself with nursing, it could not avoid learning of shortages of other hospital personnel, and careful consideration should be given to the idea of a recruitment programme covering many phases of hospital work.

Recommendations

In view of the continued need for nurses and the shortages that exist in the higher ranks of the nursing profession, it is recommended that a recruitment programme should be maintained in Alberta.

If the recruitment programme is continued in its present form, concerning itself with nurses and nursing aides, it is recommended that it should be expanded to provide for the following measures:

1. An intensive campaign and improved liaison with high school counsellors to bring about an understanding that the nursing profession needs students of high academic standing.
2. Greater efforts toward making parents aware of the opportunities in nursing, and emphasizing that it is a line of endeavour needing the most able minds.
3. Recruitment efforts to be started in Junior High School, and the possibility of starting nurses' clubs to be investigated.
4. An annual workshop to acquaint nurses from different areas of the Province with the activities and ideas of the recruitment programme.
5. To make provision for teacher and student counsellors to visit schools of nursing so that they can become familiar with the school's educational requirements and curriculum.
6. The use of professional advice on publicity and public relations.
7. Financing for a film on nursing.

It is also recommended that consideration should be given to the enlargement of the present recruitment programme to include other technical hospital personnel and to be under the auspices of either the Associated Hospitals of Alberta or the Provincial Council of Nursing.

CHAPTER 19

RETRAINING OF MARRIED NURSES RETURNING TO THE PROFESSION

As in most modern industrial societies, women are assuming a larger and more important place in the labour force in Canada. In 1901, 10 per cent of the labour force was provided by women and in 1960 this had increased to 28 per cent; of this total the number of married women had increased from 10 per cent in 1931 to 45 per cent in 1960.

The number of employed married women is increasing and this trend will continue with the changes that have occurred in domestic life since the two World Wars. Men and women now marry earlier, have smaller families and complete their families in a much shorter time; domestic work has been simplified. These circumstances give many married women the opportunity to undertake part-time and eventually full-time employment. This is particularly apparent if a woman has completed her education and secured qualifications for a career before marriage.

The employment of married women in nursing is of great importance, and will be noted from the fact that 53 per cent of the nurses employed in Alberta are married. This is further emphasized by the increasing number of inactive nurses in Alberta who have shown an interest in returning to nursing on a part-time or full-time basis.

Many of them have been reluctant to return due to their long absence from active duty and lack of knowledge of present methods and standards. There has, therefore, been a demand on their part for courses which will bring them up-to-date with modern nursing and hospital practice.

In keeping with this trend the Alberta Association of Registered Nurses has taken a more active part in sponsoring refresher courses which are put into practice by the Chapters of the Association. The interest shown in these courses indicates the growing need for refresher courses in many areas of the Province. However, the A.A.R.N. has emphasized the need for a greater interest to be shown by the hospitals. Refresher courses

that provide only lectures and demonstrations do not prepare the nurse for return to practice, and clinical experience under supervision is necessary before the nurse is competent to assume the responsibilities of a registered nurse. Further, the A.A.R.N. requires that nurses, who have not nursed for over five years, work in an active treatment hospital for at least one month and obtain a satisfactory nursing service report before being granted active membership.

In addition to providing the knowledge necessary to nurses wanting to return to active practice, continued refresher courses offer the opportunity to those nurses, who are not immediately interested in returning, of keeping abreast with current ideas and maintaining the skills and knowledge acquired during their training.

Some months ago the University of Alberta Hospital organized a project with the primary aim of encouraging inactive nurses to renew their interest in their profession, and "to bring their knowledge of nursing up to present-day standards and maintain it at that level." Another expectation of this University Hospital Nursing Reserve is that it will provide the University Hospital with a pool of well-trained nurses which would be helpful during shortages of regular staff or in the event of an emergency. Eventually it may provide all hospitals with an increasing number of experienced nurses for full-time duty, and the community should benefit by having available a group of nurses whose services could be called upon in the event of civil disaster or national emergency.

Recent reports from the hospital indicate that the project has been accepted with enthusiastic support. Over 80 inactive nurses have been accepted for training which includes lectures, demonstrations and ward experience. A large percentage of the nurses have agreed to work for periods of two to six weeks during the summer of 1963.

One of the main difficulties in this project has been in getting financial support and at the last report the hospital was carrying on from its own resources.

Recommendations

The Committee is convinced that the shortage of nurses can be improved by the provision of refresher courses for inactive

nurses. Not only do such courses provide the encouragement for nurses to return to active duty, but they also ensure that nurses who do return are familiar with current methods of practice.

The Committee, therefore, recommends:

1. That all organizations involved in hospital services make every effort to ensure that refresher courses are available for inactive nurses who want to return to active duty.
2. That hospitals co-operate with the A.A.R.N. in providing clinical experience for nurses who are enrolled in the courses provided by the Chapters of the Association, or for those who are returning to obtain clinical experience in order to qualify for active membership.
3. That courses such as that organized at the University of Alberta Hospital be assisted financially by the Provincial Government.

SECTION VI

FINANCE

CHAPTER 20

FINANCING OF NURSING EDUCATION

Repeatedly during the meetings of this Committee with Hospital Administrators, Directors of Nursing and others, the question has been asked, "What does it cost to train a nurse?" Many expensive and exhaustive studies have been made, but examination of those does not provide the answer for Alberta.

In hospitals operating schools for nursing, education of the nurse has become an integral part of the entire hospital's operation, and it is virtually impossible to establish a cost accounting system to segregate all the costs of education. While the trend in medical education is to closer integration with the hospital, both physical plant and programme, this Committee has heard many representations advocating a completely independent school of nursing. The advocates of the separate school contend that this ensures a more educationally controlled programme, and with separate budget provides for more adequate financing. During the survey of all Schools of Nursing in Alberta when Directors were asked if the existing system of financing presented a serious problem in the operation of the schools, the answer was in the negative. Just as the Medical School does not cover the entire cost of the education of a doctor, with part of the cost being borne by the affiliating hospitals, so even in the so-called independent school of nursing all costs would not be covered by the school budget.

In trying to assess the cost of nursing education in the hospitals, three primary factors must be considered.

1. The direct costs of the school such as salaries for teaching staff, librarian, clerical staff, residence staff, etc.; direct student expense such as honoraria, board, room, laundry, uniforms, books, medical and hospital care; and all other expenses covered for the student during the three years of education.
2. The indirect costs of the operation of the school which are buried in the every-day operation of the hospital and affect almost every department of the hospital.

3. There is the return in service with which the student repays the hospital, at least in part, for her education.

If very substantial sums of money were made available either by Government subsidy or prohibitively high fees to students or a combination of both, the (1) and (3) factors could be eliminated from the hospital budget. As nurses, like doctors, need a clinical area for practice, the affiliating hospital would still bear a portion of the cost of the nurses' education, factor (2). It was therefore decided to endeavour to assess the direct cost of education in schools of nursing in Alberta. To provide information about the costs covered by item (1), a questionnaire was prepared and distributed to each school. Detailed returns were received from ten of the eleven schools of nursing in general hospitals and results were analysed and tabulated to show cost per student. (See Tables A and B.)

I. Annual Direct Cost Per Student Nurse

A. Ten Schools of Nursing in Alberta—1962

	Facutly Salaries	Other Faculty Costs	Admin. Expenses	Direct Student Costs	TOTAL
School A	$625.38	$15.13	73.00	$870.59	$1,584.10
B	475.72	7.80	60.34	724.21	1,268.07
C	808.80	12.66	52.44	926.58	1,800.48
D	464.23	4.04	178.87	736.92	1,384.06
E	342.98	10.14	83.42	959.56	1,396.10
F	537.49	5.54	34.58	964.61	1,542.22
G	353.21	12.12	89.31	948.46	1,403.10
H	419.13	11.91	37.36	851.93	1,320.33
I	372.74	10.90	147.58	903.53	1,434.75
J	536.49	37.77	111.71	1,089.73	1,775.70

Total students enrolled in the 10 schools of nursing at time of survey—1,704

B. Average Annual Unit Cost per Student—All Students in Ten Schools

Faculty Salaries	$431.29
Faculty expenses	12.08
Administrative Costs	80.96
Student Honoraria	129.34

Meals and Food in Residence	298.08
Room Cost	311.82
Student Laundry	56.13
Education Supplies	23.06
Uniforms	28.50
Health Service, Medical Supplies and Hospitalization	56.08
Other Expenses	13.40

Average annual direct cost per student in ten Alberta Schools of Nursing—$1,440.74

While individual items in this survey varied due to methods of accounting, total costs per student were fairly close. One exception was a school with a high faculty cost but low enrollment of nurses at the time of survey. The number of nurses in this school was not sufficient to alter materially the total average cost figures indicated.

II. Return in Service

One of the matters of serious concern to nurse educators is the return in service provided the hospital by the student nurse. It is recognized that in the past, due to hospitals' origins as charitable institutions with very limited budgets, student nurses along with other hospital employees were exploited. During the past twenty-five years salaries of graduate nurses have increased 4½ times while hours of work have been reduced by one-third. In addition to this, the ratio of staff to patients has increased very materially. The lot of the student in the hospital school of nursing today is a far cry from that of twenty-five years ago. Improvements have been made in line with changing conditions during this period and continue to be made year by year with the increasing emphasis placed on the educational programme by the University of Alberta. This, of course, results in a steadily reduced number of hours of return in service by the student and, for the hospitals, a problem of financing the employment of professional or other personnel to take her place. The hospital is caught in the squeeze between meeting the standards of the University on the one hand and a limited budget on the other.

Some educators tend to consider that all time spent by the student on the ward is a return in service to the hospital. This is not so. A considerable amount of this time is spent in orientation,

observation and clinical teaching. The minimum time to be spent in various departments of the hospital is outlined in the *Regulations* of the University of Alberta. The longest concurrent clinical experience is twelve weeks and this is usual in only two departments—Pediatrics and Obstetrics. After examination of reports and discussion with Directors of Nursing, we consider that due to the constant rotation through the clinical services and orientation required in each, a student's effectiveness rate would be about 60 per cent of full time personnel. We have examined estimates of effectiveness rates from elsewhere that vary from 20 per cent in the first year to 90 per cent in the last year, but the Committee considers 60 per cent for the three-year average to be a fair assessment.

To elaborate on this 60 per cent effectiveness factor, it is recognized that less time would be required in orientation and observation in general clinical areas as the student becomes more senior in the school. However, many of the intermediate and senior experiences are in special departments where extensive in-service training is needed even for the new graduate staff. The Operating Rooms could be used as an example. Approximately the initial third of the time of the student in this area is taken up with clinical teaching and observation. The Case Rooms and Dietary Department are similarly organized.

Total Weeks in Programme		156
Less: Vacation	12 weeks	
Illness, compassionate leave, conjoint examinations and statutory days (average)	2 weeks	14
		142
Less: Classroom and clinical time—1st year	30 weeks	
Classroom and clinical time—2nd and 3rd years	8 weeks	
Affiliation time (average)	12 weeks	50 weeks
(Range 1 week—12 months)		92 weeks

Applying the 60 per cent effectiveness factor, this would be 60% of 92 = 55 weeks of return in service.

III. Summary of Student Nurse Costs for the Three Years

To replace this time by other employees, estimated at 60 per cent graduate, 20 per cent certified nursing aide and 20 per cent ward aide staff, would cost at current salary rates $58.00 per week.

Estimated replacement cost = 55 weeks at $58.00 per week =	$3,190.00
Total student nurse cost for three years =	$1,440.74 × 3 = $4,322.22
Less value of return in service	3,190.00
Net cost of educating a nurse	$1,132.22

It has been extremely difficult to compile a cost picture for nursing education in the Province of Alberta. The assistance of the administration in each of the hospitals which completed our School of Nursing Questionnaire is acknowledged. The fact that no two Schools approached the task of completing the questionnaire in the same way points up the value that could result if a formula were devised and regular reporting was required so that valid comparisons could be made.

The Committee has attempted to be completely objective in arriving at a cost per student based on the direct expenses of the School and the value of the return in service provided by the student. In this determination no attempt has been made to place a value on the indirect costs of the hospital in operating the School of Nursing. Under such a heading could come general administration, depreciation of school and residence, and the assignment of part of the salaries of certain nursing service personnel to nursing education—supervisors, charge nurses, etc. It can properly be argued that the latter are required for the operation of the hospital even if there were no School of Nursing but many make a substantial contribution in time to the nursing education programme.

Two-plus-one Programme

A survey of several schools of nursing operating under this programme would be necessary to make a careful assessment. Unfortunately time did not permit and the Committee visited only one such school. However, with information gathered from

the Ontario Hospital Services Commission, the school visited and other sources, we have concluded that this programme is somewhat similar to the traditional programme in operation in Alberta, with more emphasis on education during the first and second years and more clinical experience in the third year. An analysis of the course would indicate that during the three years about four weeks more are spent in lectures and clinical teaching wtih a corresponding reduction in ward experience. A detailed analysis of the curriculum in several schools would be necessary before valid comparisons could be made. One aspect of the programme which recommends itself to us is a four-week rural or outpost experience which is available in the third year.

The method of remuneration varies from the traditional programme in that no honorarium is paid during the first and second years. Thereafter the Ontario Hospital Services Commission permits payment of up to $200.00 per month with a minimum deduction of $60.00 for board and room. We understand that remuneration in the last year does vary from $150.00 to $200.00 per month with varying arrangements regarding payment of vacation and affiliation time in the last year.

Using the experience of one school in Ontario and translating this to Alberta costs, this programme in Alberta would cost—

Education cost per Nurse—First year	$1,310.00
Education cost per Nurse—Second year	1,310.00
Education cost per Nurse—Third year	2,000.00
Total cost of education	4,620.00
Less value of return in service	3,074.00
Net cost of education for three years	$1,546.00

Two-year Nightingale School

The Nightingale School, Toronto, is operated as an independent school with affiliation at the New Mount Sinai Hospital.

This school is now operating at full capacity—60 students per class or 120 student total. The small initial class of this school of necessity resulted in an extremely high cost per student. However, with full enrolment we now understand that the annual cost per student will be somewhat in excess of $3,000.00. After deduction of plant depreciation and registration fees paid by the student, the net cost will be approximately $2,700.00 per student

annually or a total cost per student for the two-year programme of $5,400.00.

Summary

Comparison of costs to the taxpayers of the education of a nurse under the three programmes outlined in this Chapter—

Net Costs		
Three-year Course	**Two-plus-one Course**	**Two-year Course**
$1,132.00	$1,546.00	$5,400.00

Estimated number of students who will be graduated annually in Alberta, approximately 575. Net cost of educating these nurses under the three types of programmes—

Three-year Course	**Two-plus-one Course**	**Two-year Course**
$650,900.00	$888,950.00	$3,105,000.00

Conclusions on Financing the Three Programmes

Advocates of the two-year programme contend that the nurses educated under the traditional hospital-based schools are discriminated against in that the cost of their education is not borne by the taxpayers as are the costs of education of all other professions. The analysis in this chapter would indicate that under the three-year course or the two-plus-one course, the return in service provided by the nurse compensates the hospital for its out-of-pocket expense for board and room and other incidental expenses. The faculty expense is still borne by the taxpayer. *To our knowledge no other professional group attending our Universities receives from the taxpayer the full cost of board and room in addition to a free education as do the two-year nurses at the Nightingale School.*

In the Province of Alberta more than 80 per cent of all graduate nurses are employed in hospitals. The Committee feels that aside from cost, the nurses educated in hospital Schools of Nursing are better equipped to meet the nursing needs of the patients in our hospitals.

There have been many protests against the so-called "apprentice method" of educating student nurses. After studying various types of nursing education programmes and their costs, the Committee feels assured that the present system of nursing

education in the Province of Alberta affords many young women the opportunity of a professional education under a system which they and the community can afford. If the student were not paying for part of her education through a return in service, she would need to pay this cost by a fairly substantial annual tuition fee.

At the same time, the hospital operating a school of nursing must meet expenses which are over and above the value of the students' services to the hospital. It would therefore appear reasonable for hospitals which operate schools of nursing to receive financial support in addition to the usual hospitalization per diem payments.

It is hoped by the Committee that the material in this chapter will have contributed to the clarification of the costs of existing nursing education programmes and will be of interest to hospital and school of nursing staffs, present and prospective student nurses and their parents, and the interested public.

The Nursing Education Programme as Outlined in Chapter 8

One of the initial steps envisaged in implementation of this proposal would be a re-organization of curriculum and basis of remuneration somewhat similar to the two-plus-one programme. This would mean that, depending on registration fees charged and remuneration to the student in the third year, the basic cost would be somewhat similar to this pattern. It goes further, however, in recommending an enrichment of the educational content of the course by arrangement with the university or junior college to provide the regular university course or courses in the Social Sciences and Humanities for all nursing students. This would involve additional expense.

It further suggests that a maximum of 20 per cent of the students in a school of nursing might in their last year be channelled into the University of Alberta for one academic year in a specialty of their choice, thus reducing their interneship in the hospital by four months. Analysis of the schools of nursing would indicate a possibility of approximately 60 to 70 nurses following this pattern. It must be recognized that this loss of return in service to the hospital is at a time when the student is performing at the maximum effectiveness of her entire educational programme. The loss to the hospital is therefore very close

to that of a graduate nurse. It should be pointed out that any attempt to further reduce the interneship year would very markedly increase the cost of the programme and would soon move it into the cost realm of the two-year course.

It is impossible to forecast accurately the cost of implementation of this programme but the above are some of the factors to be considered. It is felt that the benefits in improved quality of the nursing course and in meeting the need for better prepared teachers and supervisors would far outweigh the expense involved.

Recommendations

1. That the Provincial Government formula for reimbursement of hospitals under the Hospital Plan be amended to provide for special grants to those hospitals operating Schools of Nursing.
2. That where a School of Nursing has studied the Nursing Education Programme as proposed in Chapter 8 and has received approval to implement it or a modification of it, that reasonable costs involved be approved by the Department of Health.
3. That the two-year programme as demonstrated by the Nightingale School is considered too costly for adoption in Alberta.

CHAPTER 21

PROFESSIONAL TRAINING AND OTHER GRANTS

In investigating the sources of financial assistance for the education of nurses, it was apparent that there is a direct relationship between the shortage of qualified nurses in senior positions and the lack of funds available for educational purposes.

At the present time the sources of financial assistance available to student nurses (R.N. and B.Sc.) and to graduate nurses are:

Students' Assistance Act
- Queen Elizabeth Scholarships
- Grants and Loans
- Grants to Student Nurses.

Professional Training Grants

Bursaries

Students' Assistance Act

The funds available under Queen Elizabeth Scholarships, Grants and Loans, are based on academic ability and financial need and essentially are not limited by the demand for assistance.

Student nurses may receive, when need is shown, $100 per year to a maximum of $300 over three years.

The amount made available from this source for the year 1961/62 was as follows:

Queen Elizabeth Scholarships and Grants and Loans:

Grants to degree nurses	$ 3,500.00
Loans to degree nurses	$ 2,070.00
Grants to student nurses	$10,935.00

Professional Training Grants

This is the main source of financial assistance to graduate nurses for additional education in nursing. Professional training

grants are provided by the Federal Government to all Provinces and are calculated on the basis of $10,000.00 plus an amount according to population. The total amount of grant available to Alberta cannot be increased beyond this formula.

The following table shows the amount of financial assistance made available to graduate nurses over the last two fiscal years:

	1961/62	1962/63
Total Grant Available in Alberta	$130,846.00	$134,667.00
Amount alloted to nurses	$ 37,785.00	$ 21,031.27
Percentage to nurses	29%	15.66%

Although the amount made available in the fiscal year 1961/62 indicates that nurses received a fair share of the money available, it was not sufficient to meet the need. The figure for the fiscal year 1962/63 shows a marked decrease from the previous year due to greater amounts being given for the training of Dental Auxiliaries.

Bursaries

Compared to other sources, bursaries, although very welcome, play a small part in financial assistance to graduate nurses. Organizations such as the Victorian Order of Nurses are to be commended for providing bursaries, but the Committee does not think that this source can be more than a token in the overall requirements of financial aid in nursing education.

The Need for Qualified Nursing Personnel

Alberta suffers from a severe shortage of nurses in Public Health Nursing, qualified teachers in Schools of Nursing and qualified head nurses, supervisors and matrons in hospitals. As the health and hospital services of the Province increase, this situation becomes progressively worse.

Of the nurses engaged in Public Health about half of the 250 nurses employed are not qualified. There are a number of areas of the Province that are seriously short of nurses in Public Health work. The Department of Public Health has estimated a need of 263 Public Health Nurses for the present population, calculated on the basis of one nurse to 5,000 population which is a conservative ratio for preventive services and does not include requirements for the development of home care programmes. On this estimate the required number of nurses for the

next five years would be 285. This figure does not take into account a 25-30 per cent loss or turn-over each year and does not allow for expansion of Public Health Services. There are only two nurses qualified in supervision in Public Health Nursing in Alberta and it is estimated that fourteen will be needed in the next five years. In Administration and Consultation there is only one Public Health Nurse who is prepared at the Master's level, and this qualification is considered essential for such positions.

In Schools of Nursing the lack of qualified personnel is equally alarming. The turn-over of qualified instructors in hospital schools is roughly 25 per cent each year. At present there are thirty instructors in Schools of Nursing who do not have the year of University preparation, the minimum requirement for such positions. In order to bring up the standards of nurses presently engaged in teaching and to allow for turn-over of staff, a minimum of fifteen nurses per year for the next five years will be required. In addition, during the next five years provision should be made for preparation at the Master's level of at least two nurses each year.

In hospital service there is an urgent need for well qualified head nurses and supervisors. Due to the increasing complexity of hospitals, it is more important than ever before that head nurses and supervisors have knowledge and skills in management and administration. The Nursing Care Survey Report indicated that one of the main reasons for poor nursing service in rural hospitals was due to a lack of qualified nursing supervisors and recommended greater efforts towards assisting nurses to become qualified.

The shortage of qualified nurses and the need for assistance was emphasized by the Canadian Nurses' Association in their brief to the Royal Commission on Health Services:

> "The small number of students graduating from University programmes is a matter of concern in view of the expansion of health services. One factor that contributes to limited enrolment is the cost of university education both to the university and to the student. This problem could be modified by an increase in financial assistance to universities for professional education and by an increase in funds for bursaries and loans."

"An additional concern in relation to limited enrolment in university schools is that it is from this group of graduates that future teachers of nursing should be recruited. The need for qualified teachers must be met if nursing education is to progress along sound lines. This is a matter of concern to the Canadian Nurses' Association, and to this end the Association has and is endeavouring to obtain money for scholarships to enable persons to study nursing at the Master's and Doctoral levels and thereby help make qualified teaching personnel available to schools."

The Need for Increased Financial Assistance for Nursing Education

In addition to the obvious shortages of qualified nursing personnel in the Province, the Committee took note of the numerous pleas for increased financial assistance for nursing education:

1. More post-graduate assistance from Government and hospitals in the hospital service and public health fields of nursing. (School of Nursing, University of Alberta)
2. Increased professional training grants for both graduate and undergraduate students are needed. (A.A.R.N.)
3. R.N.'s without post-basic study employed in the first levels of Public Health Nursing, or in more senior positions should be urged to prepare for and to acquire further advanced study as early as possible in their career in order that they can assume leadership at the community level; and financial assistance should be made more readily available over and above what is now available through Dominion/Provincial Training Grants. The future pattern for nursing education would make this imperative. (A.A.R.N. to Royal Commission.)
4. That financial assistance in the form of grants or bursaries be made available in sufficient amounts to students in the various programmes at both the basic and post-basic level. (A.A.R.N. to Royal Commission.)
5. That financial aid be made available to all students who need assistance both prior to and during the basic education programme. (C.N.A. to Royal Commission.)

6. The provision of bursaries is an accepted method for the training and development of qualified staff. There are no provincial bursaries for public health students entering Victorian Order work in Alberta. The national organization of the Victorian Order has awarded bursaries for Alberta nurses but does not have sufficient to meet the needs for the Alberta branches. Additional bursaries for public health students interested in Victorian Order work would assist in developing more home nursing services in the Province. (Victorian Order of Nurses.)

The attention of the Committee was also directed to the submission made by the Canadian Conference of University Schools of Nursing to the Royal Commission on Health Services and the following are two quotations from the submission:

"We should like to point out that experience in the United States has shown that the Professional Traineeship Grants with their generous allowances and few restrictions have greatly increased the enrolment in university schools of nursing, particularly in advanced programmes preparing graduate nurses for positions in teaching, supervision and administration."

"That the Federal Government encourage provincial authorities responsible for the administration of hospital insurance to recognize that university preparation is essential for positions of head nurse, supervisor, teacher and administrator, and that they make provisions for financial assistance to prepare nurses for these positions."

Grants For Nurses

It is evident that due to the method of calculating the Professional Training Grants available to each Province and the demands made by all professions in the health field on the money available, nurses cannot expect a larger share than the amount allotted in 1961/62. It is estimated that the amount of grants needed for graduate nurses will be on the following basis for each year for the next five years;

First Level Public Health Nursing
(Diploma in Public Health Nursing)
30 at $1,000 each

Supervisors in Public Health Nursing
(1 year beyond diploma in Public Health Nursing)
7 at $2,000 each

Administrators and Consultants in Public Health Nursing
(Master's level)
2 at approx. $4,500 each

First Level Teaching and Supervising
15 at $1,000 each

First Level Nursing Service Administration
20 at $1,000 each

Master's Level—Nursing Service Administration
1 at approx. $4,500

Nursing Education
1 at approx. $4,500

The above requirements mean a need of approximately $97,000.00 per year for the next five years. The Committee believes that the present method of disbursing Professional Training Grants, which is designed to spread the money over as many people as possible, will have to be discarded and a new, more realistic approach will have to be adopted for allotting funds to nurses in future.

Under the present method it has been customary to provide $75.00 per month for maintenance and not pay the full amount for tuition. Nurses have, therefore, been faced with the necessity of losing their salary for one year, using their savings for maintenance while studying and in addition having to keep up pension and insurance payments. This system has not resulted in the required number of nurses taking advanced studies, and we believe a more liberal attitude will improve the present situation.

As it is obvious that the required amount will not be available from the Professional Training Grant, another source of funds will have to be made available for graduate nurse education.

With respect to student nurses, the Selection Committee for Grants to Student Nurses has found that in a number of instances students need more than $300 over a three year period

presently available and is presently planning a recommendation to the Students' Assistance Board that this be increased to a $500 maximum where indicated.

Recommendations

1. As the Professional Training Grant is not adequate to meet the post-graduate nursing education needs of the Province, it is recommended that the Province make available additional funds for this purpose and that they be administered in a liberal and realistic manner, recognizing present day costs of maintenance and tuition, and taking into consideration the financial loss to the nurse during the period of education.

2. In view of the grave shortage of qualified nurses in many areas of the nursing profession, it is recommended that hospitals, the Provincial Government and all organizations involved encourage nurses to take advantage of the funds available for educational purposes, and that they do this by:

   (a) Engaging, whenever possible, only qualified nurses to fill positions needing special qualifications,

   (b) Urging those nurses who do not have the qualifications for the positions which they hold to take the required educational courses,

   (c) Encouraging nurses, who show particular merit, to take additional education,

   (d) Establishing sufficient pay differentials for qualified nurses.

3. In view of the findings of the Selection Committee for Grants to Student Nurses and, further, that it is also necessary to give as many girls as possible the opportunity of a nursing career, it is recommended that the grants to student nurses be increased from $300 to $500 over a three year training period.

4. It is recommended that organizations make available more bursaries for nursing education.

CHAPTER 22

NURSES' SALARY SCHEDULES

The question of salaries for nurses has been a matter of constant consideration for years, and by conference and negotiation the economic lot of nurses has been improved.

The public, however, in many quarters has been misinformed in this regard. In articles in the press and in periodicals it is claimed that:

—personal policies are not up to minimum standards recommended by the nursing associations.
—salary schedules are low because the nursing profession is made up of women.
—nurses have no bargaining rights.
—from a financial standpoint nurses are martyrs.

(cf. *What's Wrong with Nursing Today,* by Gillen, Chatelaine, May, 1962.)

We cannot support these highly colored, inaccurate and emotional statements. Admittedly in the past the average salary of nurses was comparatively low, but the situation is steadily improving.

A better perspective on this question can be gained by a listing of the comparative salary levels (a) between nurses and other professional groups, and (b) between registered nurses in Alberta and in some of the other provinces. These are set out in the following tables.

TABLE

Comparative Salary Levels—Nursing and Other Professional Groups

Starting salaries for teachers (Alberta)—1961	
with 2 years prepartion	$3,300 - 3,600 per annum
with 3 years preparation	$4,100 - 4,300 per annum
Starting salaries—Civil Service Commission of Canada—1961	
Home economists	$4,200 per annum
Medical social workers	$3,600 per annum
Librarians	$3,760 per annum

Starting salary for registered nurses in Alberta, January, 1961 ..... $3,420 per annum

(From report of the Committee on Employment Relations, Alberta Association of Registered Nurses, published in the A.A.R.N. *News Letter,* December, 1961)

TABLE

Comparative Salary Levels For Registered Nurses—1961

Alberta and other Provinces

	Per Month
British Columbia—	
current salary	$297
recommended minimum	$325
Saskatchewan—	
current salary	$290
Manitoba—	
current salary	$285
minimum rural areas	$300
recommended minimum	$300
Ontario—	
basic salary (1962)	$300
recommended minimum	$325
Alberta—	
basic salary	$285

(From the report of the Committee on Employment Relations, Alberta Association of Registered Nurses, published in the A.A.R.N. *News Letter,* December, 1961.)

Salary Recommendations of the Alberta Association of Registered Nurses

These are set out in the booklet, *Personnel Policies,* approved by the Alberta Association of Registered Nurses in 1962.

As will be seen, the recommended minimum starting salary is $300 per month. The Provincial Government has agreed to this as a proper expenditure for hospital budgets, effective January 1, 1963.

We tabulate some of these recommendations and for purposes of comparison set down similar recommendations of the Registered Nurses' Association of Ontario (Salary Schedule, R.N.A.O., April, 1962). It should be noted that these are recommended salaries, arbitarily selected in each instance, and do not take into account the various categories in each level nor

special modifying circumstances. This applies particularly to public health nurses.

The salaries indicated are purely illustrative. They are set out here for the purpose of giving some indication of the basic salary levels and the recommended differentials in each instance. It is not possible within the confines of this Report to give fully detailed tables of salary schedules, nor is it necessary for the purpose which we have in mind.

TABLE

Salary Recommendations for Registered Nurses—1963

Position	Minimum gross salary per annum		Yearly increments	
	Alberta	Ontario	Alberta	Ontario
General Staff Nurse	3600	3900	180	195
Asst. Head Nurse	3780	4368	192	233
Head Nurse—				
with adequate experience	4080	4892	204	245
with bacc. degree	4620	5192	228	260
Instructor	4140	4892	204	245
Supervisor—				
with adequate experience	4800	5479	240	274
with bacc. degree	5100	5779	252	289
Public Health Nurse—				
with D.P.H.N.	4140	4200	204	210
Public Health—				
Senior Nurse	5880	5779	288	289

Salary Differentials

These should be closely reviewed from time to time to see that:

—recognition is given to recent satisfactory experience.

—senior echelons in the service areas are proportionately paid.

—in isolated areas there is a salary differential as compensation for working conditions.

In the matter of personnel policy it is essential that salary levels be adjusted to foster the nurse's professional growth.

As well as stressing salary differentials it may be desirable from time to time to create new posts in the Nursing Service

in a given area to build up the nurse's prestige in practice. This is a plan which is being followed in several hospitals, and it seems commendable.

Salary Differentials and Post Graduate Training

There is general agreement that the keystone of better nursing care lies in the preparation of more well-trained nurses for supervisory and technical positions. The existing shortage of supervisory and instructional personnel can only be corrected by:

1. Provision of more post-basic courses in administration, education and the clinical areas under University supervision.

2. Financial assistance in a comprehensive programme. Given the situation in which both these essentials are provided, the problem can still not be met without:

3. A realistic salary differential in the higher echelons to act as an incentive. This is particularly important in Public Health nursing.

Superannuation Benefits

1. There is now available an excellent pension plan which was introduced in 1962, incorporated in the terms of the Local Authorities Pension Act and Regulations.

2. For those not covered by this plan—private duty nurses, office nurses, industrial nurses—the Alberta Association of Registered Nurses recommends the Canadian Nurses' Association Retirement Plan with an employer-employee contribution. This plan (and the foregoing) includes married nurses.

Recommendations

IT IS RECOMMENDED that:

—there be an annual review of the salary schedules for nurses.

—particular attention be paid to salary differentials in supervisory posts.

—salary differential consideration be given to nurses working in isolated areas.

—the yearly increment as recommended by the Alberta Association of Registered Nurses be implemented.

SECTION VII

SUMMING UP

CHAPTER 23

NURSING CARE STRENGTH: A SUMMARY DISCUSSION

Exercises in predicting a nation's medical needs are not unlike a form of crystal-gazing. We are in the same dilemma when we turn to the nursing field and try to project present circumstances and plans into the future. The difficulty is increased because it is unrealistic to assume that a project of past ratios of increase in the number of nurses can provide a true indication of future requirements. However logically one may muster the facts, there are still many variables difficult to formulate and to assess.

The Claimed Shortage

There is no unanimity of opinion concerning the question of a shortage of nurses. Widely differing statements are to be found on every side. On the one hand we are told that—

> "Scores of beds are lying empty because there are no nurses to staff them."
>
> Nurses are leaving hospitals as soon as their period of education and training ("servitude no longer") is over.
>
> The shortage is due to the fact that "the trained nurse is a maid-of-all work."
>
> (*Hospital Administration in Canada,* March, 1963.)

And—a more conservative point of view—it is claimed that the demands of nursing may not be consistent with the actual needs. (Canadian Conference of Nursing, Ottawa, 1957.) Whereas at the other extreme it is contended that the number of nurses is reasonably adequate, but what is needed is a better alignment of nursing duties in the existing new groups of nursing personnel.

In the Province of Alberta the acute shortage of nurses complained of in other parts of Canada is not apparent. Indeed in one of the two larger cities of the Province nurses are having trouble in finding employment at the present time. In 1961

there was one graduate nurse to 285 of the population in Alberta, a ratio poorer than that for Canada as a whole or for the United States. However, this ratio had been steadily improving during the previous two decades. In 1941 the ratio was 1 : 566; in 1956 it was 1 : 339; in 1958 the figure was 1 : 322. In the light of the current claim of a drastic shortage of nursing supply these figures appear to be contradictory if not confusing. The anachronism is to be explained mainly by the great demand for nurses in increased hospital beds and in the creation of nursing categories that did not exist formerly, as well as the introduction of the 5 day, 40 hour week.

This matter of a shortage of nurses is also referred to in Chapters 2, 12 and 21.

The Increased Demand and the Responsible Factors

There is undoubtedly a growing demand for nursing services at all levels. In addition to the causes cited above, many other factors are creating this demand among which some of the more notable are:

the increase in hospital insurance schemes
increased hospital construction
increased health services
population increase with a growing percentage of older people
shorter working hours
shortage of internes in hospitals

These factors will continue to operate, and the crux of the problem is the ability of the nursing agencies to meet the resulting increased demand.

The answer to the problem revolves around the capacity of the schools of nursing and—by the same token—the availability of trained instructors. This in turn means a sufficient number of realistically trained diploma nurses and an increased number of degree nurses with subsequent post-graduate training, the latter the more crucial need.

Nursing Supply Figures Leading to the Setting up of this Committee

In the light of figures previously compiled by the Hospitals Division of the Department of Public Health, the Committee

was appointed to survey the nursing scene in the Province. The Order-in-Council of October 26th, 1961 indicated that "it is deemed necessary and in the public interest that a study be made of all aspects of nursing education and the associated problems of recruitment and the provision of sufficient numbers of nursing personnel . . . " At that time there was a real fear of an impending shortage of nurses in the next few years, and in the light of the figures then available this fear seemed to have some justification. However, a subsequent estimate of the hospital beds to be built in Alberta by 1966 and the nursing requirements to staff an increase resulted in a drastic revision of the original figures and changed the picture materially. It is important that this fact should be realized.

The two estimates may be indicated in summary fashion as follows:

A. **Estimate I prior to October, 1961**

1. Estimated Proper Staff in 1961 for all active treatment and auxiliary hospitals in the Province:

   (a) Number of beds 8306

   (b) Nursing Strength:

Graduate nurses	2808
Certified Nursing aides	1371
Other personnel	1013
Nursing orderlies	329

   (c) Estimated staff deficit in 1961:

Graduate nurses	238
Certified nursing aides	171
Other personnel	12
Nursing orderlies	19

2. Estimated Staff for all active treatment and auxiliary hospitals in the Province in 1968-1971:

   (a) Additional beds to be built 5,932

   (b) Estimated additional nursing staff requirements:

Graduate nurses	1,588
Certified nursing aides	966
Other personnel	902
Nursing orderlies	341

B. **Estimate II after October, 1961**

1. Estimated Staff of all active treatment and auxiliary hospitals in the Province in 1961 (excluding Federal Hospitals):

   (a) Number of beds 8,720

   (b) Nursing Strength:

Graduate nurses	3,111
Certified nursing aides	1,296
Other personnel	914
Nursing orderlies	278

2. Estimated Staff for all active treatment and auxiliary hospitals to be built in the Province by 1966:

   (a) Additional beds to be built 3,341

   (b) Estimated nursing staff requirements additional:

Graduate nurses	937
Certified nursing aides	458
Other personnel	565
Nursing orderlies	147

As will be seen this re-estimate represents a great scaling down in the order of:

1. Beds—3,341 from 5,932 or 56 per cent.
2. Graduate nurses—937 from 1,588 or 58.7 per cent.
3. Certified nursing aides, other personnel and nursing orderlies—1,170 from 2,209 or 52.9 per cent.

In the light of this re-assessment the situation to be faced in the next eight years in respect to nursing requirements is therefore much less formidable than had appeared originally. It does not seem to be outside the possibility of achievement provided proper measures are forthcoming.

Some Basic Considerations

In any discussion of the shortage of nurses there are some facts and considerations, generally agreed upon, which must be kept in mind.

1. As we have already noted, Canada at the present time has one of the highest ratios of nurses to population of any country in the world. In 1961 the ratio for Canada was one to 259; for Alberta, one to 285. This distribution is spread through many types of agencies and varies widely between urban and rural areas.

2. There appears to be general agreement that we cannot hope in the future to increase materially this ratio of graduate nurses.

3. At the present time there is an influx of young women into the nursing ranks. There are more applicants than can be accommodated in the schools of nursing. This situation is to be found across Canada and is also the rule in Alberta. Whether this is a long-range phenomenon is difficult to say; at least it exists at the present time.

4. Married women are returning to nursing in increasing numbers, reflecting the changing trend of the role of women in society.

5. In an analysis of the shortage complained of, many authorities feel that the shortage may well be a shortage of "nursing" rather than "nurses." This matter has been discussed in another context in this Report (Chapter 2). If this is true, then attention should be focussed less on the matter of numbers than on the better organization and utilization of the existing personnel in the nursing team.

6. Adequate remuneration for nurses at all levels is an essential to encourage young women to seek a career in the nursing profession and to maintain an efficient and stabilized nursing service in the nation.

7. The matter of "drop-outs" is not a significant factor in the situation. It has remained at a fairly constant level over the years. In Alberta the "drop-out" rate is a little higher than the national figure—23.7 per cent as opposed to 20.6 per cent.

8. It can be stated unequivocally that reducing the length of the diploma course for nurses to two years will not increase the number of nurses being graduated.

9. There will always be a shortage of nurses in the rural and remote districts.

Further Analysis of Nursing Strength

Let us accept for the sake of argument that a shortage of nurses, while not critical, exists, or something very close to it. Also, it is agreed that unless our efforts on many fronts are maintained, such a shortage might very quickly become a reality.

The aspects of such a shortage relate to quantity, quality and the proper utilization of all nursing personnel. It will be helpful in this connection to set down some of the essentials which must be secured if we are to maintain a sufficient number of trained nursing personnel to meet present and future needs and to promote a healthy state in the nursing world at large.

1. There must be a full appreciation of the fact that there has been a marked *change in the composition of nursing strength.* There has been a relative decline in the number of registered nurses and an increase in the number of nursing aides and other personnel in hospitals. In the United States this fact is evidenced in the following table of the percentage distribution of the two groups:

Personnel	1940	1950	1960
Registered nurses	45%	39%	30%
Aides and other personnel	55%	61%	70%

The same trend is to be found in Alberta. In 1960 in Alberta there were 3,208 professional nurses in hospital practice, and in 1961 the number was 3,384, an increase of 176 or 5.5 per cent. The number of certified nursing aides practising in Alberta in 1960 was 1,202, and in 1961 there were 1,427, an increase of 225 or 18.7 per cent. This means that the certified nursing aides are now significantly involved in the hospital field and constitute an essential part of the hospital nursing organization.

There is a definite shortage of certified nursing aides in the Province as indicated in other sections of this Report. This shortage can be corrected by several measures:

(a) Increasing the existing facilities for the training of certified nursing aides.

(b) Student counselling to promote certified nursing aide training for those students stopping school early.

(c) Achieving a better definition of the role of the certified nursing aide while at the same time protecting the status of the registered nurse.

(d) Securing an informed agreement on the optimum ratio of certified nursing aides to registered nurses in a given hospital environment.

2. *Recruitment*

(a) There must be continued recognition of the competitive attraction of other professions and vocations for young women. At present nursing is holding its own fairly well in this regard.

(b) Vocational counselling could be more effective. The counsellors in many instances are not adequately informed.

(c) More financial assistance for undergraduate nurses is desirable, and this should be organized within local communities and by local organizations.

3. *Schools of Nursing and Instructional Staffs*

(a) The schools of nursing in the Province are operating virtually to capacity at the present time. In the course of discussions with the representatives of the various schools, the Committee was informed that about 16 per cent further students might be accommodated, having regard to clinical facilities, but that this would only be possible if financial assistance were forthcoming to provide for housing accommodation.

(b) In view of the fact that at the present time the training facilities are being almost fully utilized, it would seem advisable to start developing new schools—in Red Deer and perhaps Grande Prairie, and thus take advantage of regional benefits and further facilities. Furthermore it will take some time to organize such schools and bring them into operation. For that reason the decision should be made in the near future.

(c) The Committee's discussions with the schools indicated that there was a shortage of qualified instructors at the present time, and it was agreed that to provide for a proper complement of trained service personnel and for instructional staff in the future, a comprehensive post-graduate programme such as is advocated elsewhere in this Report is necessary.

(d) Our discussions would indicate that the present entrance requirements are adequate. To raise them might adversely affect the number of applicants.

(e) It would seem to be advisable to keep in force the present practice of not making living in residence too restrictive and, under special circumstances, permitting marriage of student nurses.

4. *Retention of Nursing Service Personnel*

Recognizing that other opportunities are often more attractive to many nurses than hospital employment, it is important to keep in force the following measures:

(a) Constant scrutiny of salaries and attention to differential salary levels.

(b) The policy of upgrading nurses of proven ability.

(c) The participation in pension plans.

5. *Efficiency of Utilization of Staff*

We have emphasized all through this Report that one of the main causes of the nursing shortage is the failure to organize and use the members of staff in the most efficient way.

The major factor in resolving this problem is the better use of the nursing team, with a better delineation of duties and a spirit of co-operation among all members of the team.

6. *Distribution of Nursing Personnel*

There will always be difficulty in securing adequate trained personnel in the rural and remote districts. The only way in which this can be improved is the practice of salary subsidy in these areas.

7. *Married Women in Nursing*

Married women have made and will continue to make a significant contribution to nursing in all categories. Their return to nursing should be encouraged by offering refresher courses that are pertinent and readily available. (See Chapter 19.)

Striking the Balance

The sources from which we may expect our nurses in Alberta in the next decade may be listed as follows:

1. The proportionate number from population increase, assuming that we continue to recruit the same percentage of girls from high school as at present.

2. The expansion of enrolment in present schools to the limit of their clinical facilities through full use of their own facilities and through affiliation.

3. The Foothills Hospital School of Nursing (1966) with an enrolment of 300 students.

4. Better utilization of the nursing team.

5. Married nurses returning to service.

6. An increased number of certified nursing aides.

7. An augmented scheme of post-graduate education.

8. The considerable influx of nurses from other provinces which will probably remain the feature that it is at the present time. (See Chapter 11.)

9. The establishment of new schools (Red Deer and probably Grande Prairie) to accommodate the natural increase in nursing recruits.

The factors which are to be counted as working against an adequate supply of nurses are:

1. *Marriage*—always a source of great predictable loss. It is difficult if not impossible to cite any figures in this regard. A recent survey of a large group of schools in the United States indicated that 87.1 per cent of those enrolled in the Junior College nursing course and 87.8 per cent of those in hospital diploma schools would be married within ten years after graduation. In the same group 16.2 per cent expressed their intention of following a career in nursing.

These figures mean very little and are offset by the large number of married women who continue to nurse or who return to nursing at a later date. This is well illustrated by a look at the current situation in Alberta. In this Province in 1961, 52.4

per cent of the active nurses were married. And in 1963 in a large hospital with an associated school of nursing in Calgary, 59.4 per cent of the active nursing staff were married.

2. *Movement of nurses* from place to place—a constant and universal phenomenon. This is borne out by the figures cited in Chapter 11 which indicated that in 1961 and 1962 reciprocal registrants taking up nursing in Alberta represented almost as large a source of supply as initial Alberta registrants. In effect then this factor is of slight importance since nurses coming to the Province to work offset the loss through emigration.

3. *Emigration to the United States.* This has always been a feature among the professions. In Canada despite counterbalancing immigration we are experiencing a net loss of about 300 nurses per year on this account. In 1960, 1,372 Canadian educated nurses left to take posts in the United States, and the number has shown a notable increase in the last three years. Some of course do return.

4. *Recruitment* of nurses *into other professions* and vocations.

5. The undoubted *demand for nurses* in the next ten years with expanding hospital and medical needs.

Conclusions

In the light of the above discussion, taking into account all the factors and circumstances which we have set down, and given the social conditions as at present, there should be no critical situation in available nursing strength in Alberta in the next eight years.

To make this possible, however, we must continue to implement all the vital measures to maintain the supply of nurses in respect to recruitment and the organization of nursing practice. This will be doubly necessary if future medical and social developments come to demand a higher ratio of nurses to population than at present.

There is and always will be an uneven distribution of nursing personnel in this Province, and a chronic shortage in the rural and the remote areas.

Quantity is not the main consideration. The chief emphasis must continue to be placed on better trained nurses in the upper echelons and on a better utilization of the members of the nursing team.

CHAPTER 24

SUMMARY OF RECOMMENDATIONS

CONTROL OF STANDARDS AND DIRECTION OF NURSING

A. **Provincial Council of Nursing** Chapter 17, page 171

It is Recommended that:

A Provincial Council of Nursing be established to provide for co-operative and co-ordinated planning and organization, and for licensing of all nursing personnel, such Council to include representation from the appropriate bodies concerned with nursing in the Province.

B. **Direction of Nursing Education under the aegis of the University of Alberta** Chapter 16, page 163

It is Recommended that:

The direction of nursing education be continued under the jurisdiction of the University of Alberta.

This Committee be strengthened by its personnel being increased to include a representation of nursing service groups. This would maintain the balance between the educational and the service sides of nursing and help to foster a more realistic type of education pattern.

C. **Mandatory Licensure for Nurses** Chapter 16, page 165

It is Rceommended that:

Legislation be enacted requiring mandatory licensure for all who nurse for hire in the Province of Alberta.

D. **Licensing and Registration of Nurses and Auxiliary Personnel** Chapter 17, page 174

It is Recommended that:

Specifically in working as a co-ordinating body for the four organizations—the Alberta Association of Registered Nurses, the Psychiatric Nurses Association, the Alberta Nursing Aide Association and the Alberta Association of Nursing Orderlies—each organization would continue to look after its own affairs as at present. Each would have a Secretary. Licensing would be handled

by the Council. Minimal standards for licensure would be established by the Council. In doubtful cases the credentials would be referred by the Council to a Credentials Committee of each of the organizations. After clearance by the respective Committees, a license would be issued by the Council. Registration covering membership would then be carried out by the Association in question, such registration remaining the function of the respective organizations.

The Committee has considered at length the question of having registration in the various organizations made mandatory, and has discussed the matter with many of the representatives of nursing. It should be noted that under the terms of their Act of incorporation, the Psychiatric Nurses already have this provision.

In the light of this fact, consideration should be given to extending such provision to the other three Associations.

At the same time the Committee would urge that the present strong position of the Alberta Association of Registered Nurses be maintained by employers requiring in all instances that nurse employees be registered with their Association.

NURSING EDUCATION

A. **Schools of Nursing in Alberta** Chapter 5, page 29

It is Recommended that:

1. Schools of nursing such as the University of Alberta Hospital, Royal Alexandra Hospital and the Calgary General, with adequate clinical facilities, be encouraged to immediately increase their intake of students to the capacity of clinical facilities. That where residence facilities are a limiting factor, selected third year students receive an allowance and be permitted to live out.

2. In the large schools where clinical facilities are being utilized to capacity, hospitals such as Red Deer, Camrose, Grande Prairie be developed as satellite training centres. That this be an initial step insofar as Red Deer

and Grande Prairie are concerned, with the eventual aim being the development of full training schools.

3. The School of Nursing at the University of Alberta, Edmonton, should plan to reduce the length of the five-year basic degree programme as soon as feasible.

4. The University should organize a School of Nursing on the Calgary campus. Although initially it may confine activities to programmes which will improve the qualifications of graduate nurses, ultimately a basic degree programme should be available at this location as well.

B. **New Schools of Nursing** Chapter 5, page 33

It is Recommended that:

At the present time consideration of new schools should be limited to the following:

1. Red Deer: This hospital is located in a rapidly growing area of the province with an active bed complement of 152 and an Auxiliary Hospital of 100 beds under construction, with inevitable further expansion in the future. With adequate clinical material and an interested administration and medical staff, this presents the most likely location for a new school, provided satisfactory financing can be arranged.

2. Grande Prairie: Representations have been made that because of its geographical location in the centre of the Peace River area a school of nursing should be opened there. It is felt that many potential nursing students from this area are lost to nursing because the nearest School is located in Edmonton, three hundred miles away. It is further suggested that a school in the Peace River area would materially assist in overcoming the chronic shortage of graduate nurses in this area. The hospital in Grande Prairie has 118 active treatment beds, and the associated Auxiliary Hospital 50 beds.

C. **Schools of Nursing Affiliation** Chapter 6, page 37

It is Recommended that:

1. There would be much value in third year students having not less than four weeks' experience in a small rural hospital. Therefore, it is recommended that

Schools of Nursing do all they can to give students this experience by affiliating with rural hospitals of 40 beds or more.

2. As expanded affiliation will increase the cost of nursing education, hospitals with Schools of Nursing should not be hindered by financial considerations. Therefore, it is recommended that the Department of Public Health should recognize the need for additional funds for this purpose.

3. The initiative in developing a rural hospital affiliation programme for students in metropolitan hospitals could come through the Council of Nursing as proposed in Chapter 17. A nurse-employee of the Council could act as co-ordinator and travelling instructor for the programme.

4. The reduction or cancellation of tuberculosis affiliation be left to the discretion of the individual school.

5. Further consideration should be given to an increase in the period of psychiatric affiliation.

6. Schools of Nursing should consider affiliation with auxiliary hospitals to give nurses some experience in this type of nursing care.

7. It is recommended that Schools of Nursing in Alberta explore the possibility of affiliation with St. Mary's Hospital, Camrose, and others of similar size which provide adequate clinical experience.

D. **Nursing Education Programmes** Chapter 7, page 43

It is Recommended that:

1. The "two-year" programme be not considered for Alberta at the present time.

2. The policy of providing courses leading to majors in specific fields such as Hospital Nursing Administration, Teaching and Supervision, and Public Health Nursing be maintained.

3. The basic baccalaureate degree programme be reviewed with a view to reducing its duration but maintaining its quality through concentration and further integration.

E. **A Nursing Education Programme Suggested for Further Study** Chapter 8, page 63

It is Recommended that:

The Committee, in suggesting study of this pattern, realizes that its implementation in Alberta would necessitate much effort by all authorities concerned with nursing education to modify and re-organize existing programmes to incorporate these new features. It also presupposes that school authorities would consider nursing education in terms of provincial, rather than local needs. Implementation of this programme would, of course, require certain additional financial assistance. However, dividends in terms of provision of nursing care, more adequate in quality and quantity, are foreseen as the continuing returns of this design.

F. **Post-Graduate Training** Chapter 9, page 71

It is Recommended that:

1. A programme in Nursing Service Administration be established at the University of Alberta, Calgary, which would serve in three categories:

   i. One-year post-basic diploma course,

   ii. An alternative final year of the present post-basic two-year degree programme,

   iii. Or, alternative final year of the basic degree course.

2. This would make possible the establishment at the University of Alberta, Calgary, of a programme for graduate nurses leading to a degree in Nursing, the programme to consist of two academic years. The courses required for the first year are presently available.

The initiation of such courses for graduate nurses should be considered as the initial step in developing a full School of Nursing at the University of Alberta, Calgary. Further expansion and the offering of the entire basic degree programme will depend upon such time as the required basic science and medical courses are available.

3. Special training in clinical areas:
   Operating-room nursing—six-month course
   Pediatric nursing—four to six-month course.

Medical-surgical nursing.
Neuro-surgical nursing.
Cardiac-surgical nursing.

Where facilities are not extensive enough to organize adequate clinical courses, nurses should be sent to centres in which training in these specialized fields is offered. This could perhaps be worked out within the Province and inter-provincially to eliminate the expense of setting up duplicate courses.

4. Organization of courses for nurses at Summer Sessions in areas in which need is indicated by the profession.

5. An extension of the short refresher courses organized under the aegis of the Alberta Association of Registered Nurses.

6. Increased encouragement through the Alberta Association of Registered Nurses, Schools of Nursing, and other channels, pointing up the value of all such courses for graduate nurses, and thus encouraging increased enrolment. This is particularly desirable in the fields of teaching and administration, clinical supervision and public health nursing.

7. In view of the urgency of the situation it seems logical to ask the Provincial Department of Health for financial support in developing these programmes.

8. It is essential that such programmes be supplemented by a comprehensive scheme of financial assistance for students. The particulars of such a scheme are outlined in Chapter 21 of this Report.

9. The courses which have been set out above are of course additional to the Staff Education Programmes being carried out in various hospitals and health agencies.

10. As indicated above, this entire scheme of post-graduate training can only have its full and desired effect if close attention is paid to the differential salary levels of those completing such additional training.

G. **Rehabilitation Nursing** Chapter 9, page 71

It is Recommended that:

A comprehensive programme of rehabilitation nursing as outlined be organized and put into operation on a broad front. Such a programme could be under the jurisdiction of the Provincial Council of Nursing.

H. **Auxiliary Personnel: Training and Practice** Chapter 10, page 85

It is Recommended that:

1. The facilities for the training of nursing aides be increased in both the Schools in Calgary and Edmonton. The present staff and facilities have been working beyond capacity for the past four years.

2. Hospitals which presently engage certified nursing aides should assist in providing facilities for the clinical experience of trainees providing they are equipped to do so.

3. A study be made of the nursing staffing pattern to establish directives in the matter of the desirable ratio of certified nursing aides to registered nurses in both active treatment and auxiliary hospitals.

4. Nursing Aide trainees should have some clinical experience in the auxiliary hospitals.

5. Consideration should be given to providing special advanced training for nursing aides in operating room technician work, pediatrics and case-room work. This development in the use of nursing aides is coming, and it is felt that we should be prepared to meet it. In so doing and in the general deployment of nursing aides, there must at the same time be a close check on the abuses likely to arise in which hospitals, and particularly smaller hospitals, might be encouraged to assign duties to such aides without adequate supervision.

6. The nursing aides through the medium of their existing organization, the Alberta Certified Nursing Aide Association, be brought under the authority of the Provincial Council of Nursing with this latter body exercising the functions of licensing and the supervision of standards.

7. The Alberta Association of Nursing Orderlies be recognized as the official body representing the nursing orderlies in Alberta, and the fullest co-operation be accorded it in its aims and proposed measures.

8. A membership roster and governing allied regulations be set up and implemented as at present.

9. A manual of training be adopted and an in-service programme for nursing orderlies be set up in hospitals along the lines proposed by the Association.

10. A central training school for nursing orderlies be established at the earliest possible date.

11. Financial assistance be given by Government to facilitate these proposals which will be of the utmost value to the hospitals and the nursing establishment of the whole Province.

12. The nursing orderlies through the medium of the Alberta Association of Nursing Orderlies be brought under the authority of the Provincial Council of Nursing with this latter body exercising the functions of licensing and the supervision of standards.

I. **Co-ordination of Members of the Nursing Team** Chapter 4, page 21

It is Recommended that:

The Provincial Council of Nursing, the organization of which is advocated and discussed in Chapter 17, set up a Standing Committee to keep under study and make suggestions to all hospitals in the matter of relations between the various wings of the nursing team.

NURSING ORGANIZATION AND PRACTICE

A. **Nursing and the Hospitals** Chapter 11, page 97

It is Recommended that:

1. Every effort should be made to stabilize the members of the nursing staff. This may be achieved by formulating fair personnel policies in writing, establishing satisfactory orientation and in-service programmes and producing such tools as policy and procedure manuals and adequate qualified supervision which contribute to

more rapid adjustment and job satisfaction in the various categories.

2. There are not and will not be enough graduate nurses to meet all the nursing needs of hospitals. Other categories have successfully participated in the nursing team and can safely be used under graduate nurse direction. However, it is recommended that a study be made to establish satisfactory ratios of professional to auxiliary personnel and to define clearly the duties of each group and that the findings of this study be applied. Reference is made in other sections of this report to the necessity of adequate preparation of the graduate nurse to assume her increasing administrative and supervisory functions, of the other members of the health team to function most effectively, and of the importance of organizing refresher courses to encourage inactive nurses to return to nursing.

B. **Nursing in Other Areas** Chapter 12, page 105

It is Recommended that:

1. The policy of building active treatment hospitals in small centres be discouraged. Such a practice invites poor quality nursing care. It further increases the overall shortage of nurses. In the light of modern medical practice it is a retrograde step.

2. In order to provide nursing care in rural areas which will compare favourably with that of urban centres, an effort should be made to formulate personnel policies and offer salary incentives to the end of securing well qualified nurses for the staffing of the rural hospitals.

3. Close attention be paid to the staffing pattern of the auxiliary hospitals and the definition of the duties of the various members of the nursing team giving patient care.

4. Nursing aide trainees should receive some of their clinical experience in the auxiliary hospitals, providing proper instructors are available and an adequate standard of nursing care is demonstrated.

5. The present practice of employing people in the category of hospital assistants be abolished. This introduction of individuals without any training whatever into the area of intimate nursing care in a hospital is a dangerous practice and violates the basic principles of nursing and medical practice.

C. **Mental Health Nursing** Chapter 13, page 117

It is Recommended that:

1. The number of registered nurses at the Provincial Mental Institute at Oliver be increased.

2. A uniform type of nursing organization be established at the Provincial Mental Hospital, Ponoka and the Provincial Mental Institute, Oliver.

3. Nursing administration be standardized on the Men's and Women's Wards, and all nursing personnel be made responsible to the Director of Nursing.

4. More liberal regulations be set up governing the initial salary practices.

5. Consideration be given to travel time and travel expense.

6. Better liaison be established between the Alberta Association of Registered Nurses and the Psychiatric Nurses Association of Alberta.

7. A plan of action be formulated involving all the agencies concerned to secure more supervisory and instructional personnel.

8. The present registered psychiatric nurses' course be not reduced from four years to three years as proposed.

9. A registered psychiatric nurses' four-year programme be set up at the Provincial Mental Institute at Oliver.

10. The scheme to have a graduate of the three-year psychiatric nurses' course take one supplementary year and then be permitted to write the conjoint examinations for the qualification of registered nurse be not implemented as proposed and approved.

11. Further consideration be given to increasing the present psychiatric affiliation programme to a period of twelve weeks only when circumstances permit.

12. The post-basic courses in psychiatric nursing be organized under the aegis of the School of Nursing of the University of Alberta.

13. Whereas it would appear that the three-year course for psychiatric nurses at both major institutions and for mental defective nursing were developed to meet contingencies, lack uniformity and at the present time are not under any well-defined central or academic control,

these courses be studied carefully, be standardized and subsequently be brought under the Provincial Council of Nursing.

14. A Special Committee be appointed at the earliest possible date, to be composed of three individuals with authority to draw on consulting authorities; and that such Committee be empowered to review the existing psychiatric nursing field in the Province, and to make suggestions, particularly in regard to the following:

(a) the staffing and administrative patterns and the personnel policies.

(b) the various training programmes.

(c) the status and the relation within the nursing profession of the psychiatric nurse.

(d) the consideration of conditions of work and salary schedules to the end of encouraging professional nurses to seek employment in mental hospitals.

(e) the improvement of personnel policies to provide the necessary incentive to attract well qualified personnel where mental hospitals exist in less accessible areas.

(f) the formulation of a Master Plan to co-ordinate all the mental health services in the Province.

D. **Public Health Nursing** Chapter 14, page 129

It is Recommended that:

1. Whereas the greater number of public health nursing positions in Alberta exist in local health departments and,

Whereas in the aggregate, these departments have need of the greatest number of recruits each year to fill vacancies,

Local health departments be evaluated by a team of public health experts from the Consultant Service of the Canadian Public Health Association and,

Based on this evaluation, a large urban-rural health unit be designated and assisted to become a demonstration and teaching unit and,

Special efforts and monies be directed to it to establish and maintain such quality of public health programme and services as would enable it to serve as a functioning pattern for other public health agencies.

2. The Nursing Section be expanded to include at least three well-prepared and experienced public health nursing consultants in addition to the Director of Public Health Nursing and,

Their duties be clearly defined and,

Definite responsibility and authority be assigned to them, recognized at both provincial and local levels and,

Their direct concern be such matters as quality of nursing service, recruitment of personnel, staff orientation and in-service education, facilitation of the development of nursing programmes, provision of leadership to senior public health nurses to assist them to elevate standards of public health nursing practice through more efficient use of supervisory methods and tools, and

These consultant positions be established in addition to the existing consultant nursing position in Maternal and Child Health, which embraces functions in both public health and hospital areas of nursing, but,

To the Maternal and Child Health Nursing Consultant be attached the responsibility and authority to work with local health departments to help to raise public health nursing standards as they pertain to programmes for Mother and Child.

3. The whole matter of salary schedule paid by the two city health departments and the 24 health units be subjected to serious scrutiny, with a view to standardizing schedules, and further that

In areas experiencing great difficulty in recruiting qualified staff, certain bonuses be considered but these to be considered apart from the regular salary scale, and further that

The salary range for the graduate nurse in the public health field be shortened as a means of stimulating this group to seek preparation

4. Close scrutiny be directed to the administrative set-up as it presently operates both within the Department of Public Health of the Province of Alberta and within city health departments and local health units to identify and evaluate factors contributing to the above situation, and further:

This be done by an objective team with adequate public health nursing representation from the Consultant Service of the Canadian Public Health Association, and further:

Such remedial measures as may be recommended by the team be implemented.

E. **Home Care** Chapter 15, page 151

It is Recommended that:

1. Every assistance and support, including fair financial support, be given to the Victorian Order of Nurses to develop and expand its Hospital Referral projects in the larger centres, and further,

2. In these centres similar plans in conjunction with auxiliary and chronic hospitals be encouraged, and further,

3. This vital resource be considered and explored fully prior to consideration of any further new hospital construction in these centres, and further,

4. Community resources to provide additional services essential to more complete Home Care be developed and extended in these centres.

With reference to centres of lesser population in which the setting up of a second public health nursing agency would not be economically sound, this Committee recommends that:

5. Health Units be required to assess the need and feasibility for Organized Home Care services, and further,

6. They be stimulated and encouraged to develop the required nursing services within their existing administrative frameworks, submitting to the Provincial Department of Public Health an assessment of costs of such additional staff (public health nurses, graduate nurses and public health nurse-aides) and equipment they deem to be necessary to adequately carry the expanded public health nursing service, and further,

7. Health Units with their understanding of and relationships with other community health and allied agencies stimulate those to participate.

Additional funds for such a service necessitate an increase in provincial grants which could be reckoned in a manner similar to that for Dental Services. However, the setting up of a schedule of fees for service similar in principle to that of Municipal Nurses for treatment services should be considered.

RECRUITMENT

A. **Recruitment of Nursing Personnel** Chapter 18, page 181

It is Recommended that:

The following measures be provided:

1. An intensive campaign and improved liaison with high school counsellors to bring about an understanding that the nursing profession needs students of high academic standing.

2. Greater efforts toward making parents aware of the opportunities in nursing, and emphasizing that it is a line of endeavour needing the most able minds.

3. Recruitment efforts to be started in Junior High School, and the possibility of starting nurses' clubs to be investigated.

4. An annual workshop to acquaint nurses from different areas of the Province with the activities and ideas of the recruitment programme.

5. To make provision for teacher and student counsellors to visit schools of nursing so that they can become familiar with the school's educational requirements and curriculum.

6. The use of professional advice on publicity and public relations.

7. Financing for a film on nursing.

It is also recommended that consideration should be given to the enlargement of the present recruitment programme to include other technical hospital personnel and to be under the auspices of either the Associated Hospitals of Alberta or the Provincial Council of Nursing.

B. **Retraining of Married Nurses Returning to the Profession** Chapter 19, page 185

It is Recommended that:

1. All organizations involved in hospital services make every effort to ensure that refresher courses are available for inactive nurses who want to return to active duty.

2. Hospitals co-operate with the A.A.R.N. in providing clinical experience for nurses who are enrolled in the courses provided by the Chapters of the Association, or for those who are returning to obtain clinical experience in order to qualify for active membership.

3. Courses such as that organized at the University of Alberta Hospital be assisted financially by the Provincial Government.

FINANCE

A. **Financing of Nursing Education** Chapter 20, page 191

It is Recommended that:

1. The Provincial Government formula for reimbursement of hospitals under the Hospitalization Plan be amended to provide for special grants to those hospitals operating Schools of Nursing.

2. Where a School of Nursing has studied the Nursing Education programme as proposed in Chapter 8 and has received approval to implement it or a modification of it, that reasonable costs involved be approved by the Department of Health.

3. The two-year programme as demonstrated by the Nightingale School, is considered too costly for adoption in Alberta.

B. **Professional Training and Other Grants** Chapter 21, p. 201

It is Recommended that:

1. As the Professional Training Grant is not adequate to meet the post-graduate nursing education needs of the Province, the Province make available additional funds for this purpose and that they be administered in a liberal and realistic manner, recognizing present day costs of maintenance and tuition, and taking into consideration the financial loss to the nurse during the period of education.

2. In view of the grave shortage of qualified nurses in many areas of the nursing profession, the Provincial Government and all organizations involved encourage nurses to take advantage of the funds available for educational purposes, and that they do this by:

(a) Engaging, whenever possible, only qualified nurses to fill positions needing special qualifications,

(b) Urging those nurses who do not have the qualifications for the positions which they hold to take the required educational courses,

(c) Encouraging nurses, who show particular merit, to take additional education,

(d) Establishing sufficient pay differentials for qualified nurses.

3. In view of the findings of the Selection Committee for Grants to Student Nurses and further, that it is also necessary to give as many girls as possible the opportunity of a nursing career, the grants to student nurses

be increased from $300 to $500 over a three-year training period.

4. Organizations make available more bursaries for nursing education.

C. **Nurses' Salary Schedules** Chapter 22, page 209

It is Recommended that:

1. There be an annual review of the salary schedules for nurses.

2. Particular attention be paid to salary differentials in supervisory posts.

3. Salary differential consideration be given to nurses working in isolated areas.

4. The yearly increment as recommended by the Alberta Association of Registered Nurses be implemented.

CHAPTER 25

FINAL OBSERVATIONS

This Report is concerned with the practice of nursing in the Province of Alberta, the definition of the educational standards involved in its training and the outline of its work, and an examination of both in terms of the changing needs of the present day and the immediate future. It does not pretend to be a comprehensive statement of the many problems facing the nursing profession, nor to furnish all the answers. The members of the Committee do not possess the wisdom to produce a complete blue-print for nursing in Alberta, but have tried to set down some of the specifications which might with advantage guide future planning and development and are relevant to circumstances in this Province.

For those who profess to see nursing as a Cinderella awaiting the magic touch of a generous fairy godmother and a glass slipper labelled "two-year course" to transform her from a drudge into a radiant princess, this Report will be a disappointment.

The truth of the matter is that the existing educational, organizational and economic realities in the nursing field, both in education and practice, dictate a future built upon the past, which means that changes must be gradual as the pattern of the future emerges.

In its meetings with representatives of the nursing profession and allied organizations the Committee has found a high appreciation of nursing and professional training at its best. Responding to this challenge, the Committee has felt that its task should be to assist these parties to translate imagination, perspective and resolve into schemes within the existing framework of nursing which are capable of being initiated and fostered in the direction of future development.

The real question has seemed to us to be not so much what needs to be done, but how to realize and fulfill the needs which exist and are clearly realized.

We are fully aware that we may be criticized for neglect in formulating long-range programmes. Our answer is:

(a) These already exist in profusion.

(b) Our concern has been rather with the possible in the immediate future within the range of the principles of good nursing care.

At the same time we have had in mind the long-term objectives and the ideals which have motivated nursing leaders, past and present. We have not forgotten that certain principles and traditions provide the vitality and the dynamic force of nursing. Those principles and traditions, we would hope, are implicit in most of our discussion.

There are certain main features of the Report that we should like to stress.

1. The so-called *nursing shortage,* the fear of which gave rise to this Study, hardly seems likely to develop in the next ten years in Alberta, providing certain vital measures are put into force in the immediate future.

2. A *Provincial Council of Nursing* is a desirable innovation. The logic of our observations and study has driven us to this conclusion. Such a Council would incorporate all nursing bodies in the province into a single federation. It would be a co-operative, consultative body, a forum where the organized elements of nursing might meet to deal with concrete problems, a means of focussing on the real issues and pointing the way of solution, thus assisting those in higher authority.

No group can continue a practical and progessive life unless authority in fact resides in a recognized and informed source and is effectively discharged.

A Council of Nursing would tackle the problems of nursing from within and thus escape the slow and less efficient method of advance dependent upon the compulsions of external pressures.

3. In the matter of *nursing education programmes* it will be evident that acquaintance with the realities of the situation has led us to a middle position.

We are not convinced that the antagonists of the hospital school system have made out a case that nurses should be prepared in independent rather than in service institutions. Whatever the theoretical advantages, the practical considerations dictate the continuing of hospital schools for the present.

That by no means blocks the way to further developments. The possibility of further improvement in such programmes is clearly realized by nursing organizations, hospital associations and the schools themselves. For our part, after reviewing the existing programmes the Committee has put forward a possible direction of improvement incorporating certain desirable features, in the form of what we have called simply 'A Nursing Education Programme Suggested for Further Study.' An outline of such a course is presented to encourage further study and discussion in this regard.

4. The extension of *post-graduate education.* This we believe is the key-note to future nursing development. It will require a material increase in financial assistance, but such expenditure will pay large dividends. Advanced training is crucial in modern society. The idea of increased efficiency which it involves must continually be asserted, for not only is it the life-blood of the professions but the tool and servant of the whole community.

5. *Better staffing patterns* in hospital service and increased co-operation and understanding between the various units of the nursing team.

6. Special study by a committee of authorities of the fields of *Psychiatric Nursing* and *Public Health Nursing* in the Province to the end of reviewing all the existing circumstances and bringing in recommendations, particularly in regard to a Master Plan to co-ordinate all the relevant services in the Provinces in each instance.

7. *Nursing care in rural areas* to be strengthened by measures to improve personnel policies and provide salary incentives, and by setting up a province-wide scheme of rural affiliation as part of the nursing education programme.

8. We have presented a review of the *cost of nursing education* under various patterns for nurses' training in an endeavour to provide some data for future discussions of this controversial subject and for decisions which might be made in this regard.

But, in any event, it should be emphasized that the financing of nursing education is as much a matter of national importance and obligation as that of teacher training or the preparation of students for any of the professions.

ACKNOWLEDGMENTS

In the course of this task the Committee has met with representatives of organizations connected with nursing in the Province of Alberta. We also visited centres in Eastern Canada in order to gain as wide a viewpoint as possible of the various aspects of the nursing world. Through the study of briefs and through the medium of informed discussion we have been able to obtain first-hand information concerning the many and complex problems of nursing.

Since its first meeting on October 20th, 1961, the Committee has held monthly sessions of two to three days each. We wish that our schedule had made it possible for us to do more.

We should like to record our thanks for the warm co-operation which we have received from the Department of Health of the Province and for the patience which has been shown by the Department during the more than nineteen months that this Report has been in the process of incubation.

As the result of the many associations which we have had during the preparation of this Report the members of the Committee have gained a new conception of the structure of nursing in Canadian society and of the promise and the possibilities of future development.

More specifically the Committee wishes to express its appreciation to the following for assistance in conference, discussions and in the provision of information. Only through their co-operation has it been possible to compile this Report, to attain the perspective essential to a review of the field of nursing, and to explore a common problem against the background of widely differing experience and opinion.

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General Hospital, Edmonton
Medicine Hat Municipal Hospital, Medicine Hat
Calgary General Hospital, Calgary
Holy Cross Hospital, Calgary
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